

Name
in
Full

Brantley Amelang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1909		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide	

PHYSICIAN
OR CORONER

618. S Clinton St

Name
in
Full

Earle Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

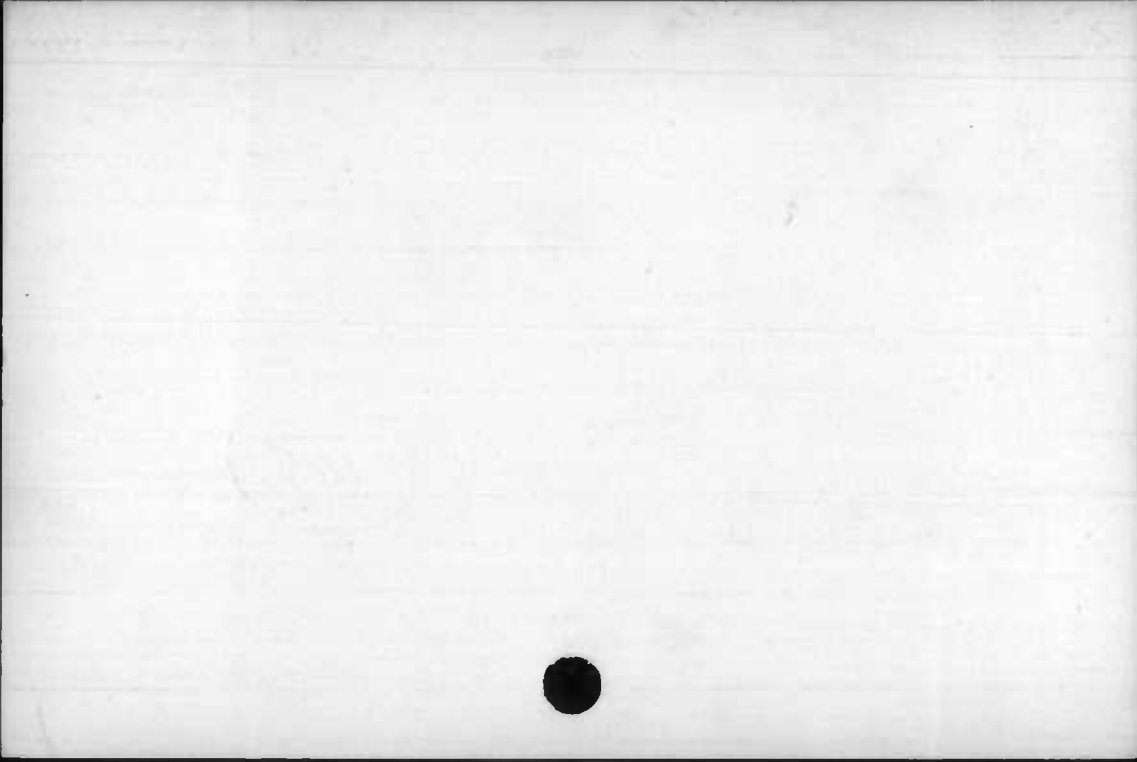
Died at		Town Mt. Vernon		County Baltimore Co.		MARYLAND	
Date of death	1909	Month Aug	Day 22	Age	Years —	Months 4	Days —
Sex	male		Color or Race	white		Birth-place	Baltimore
Occupation	Infant			Where Residing if not at place of death		Baltimore	
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	not known					Father's Birthplace	not known
Mother's Maiden Name	not known					Mother's Birthplace	" "
Name of person giving information	Mrs. Barnes					How related to deceased	mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Dysenteritis		How long	4 weeks
Immediate	Nephritis		How long	8 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Knapp M.D.		
		Address Mt. Vernon, Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardnersville</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug.</i>	Day <i>21</i>	Age Years <i>—</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fair View</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Bauman</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Maranda Fuller</i>			Mother's Birthplace <i>Balto.</i>		
Name of person giving information <i>John Bauman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>acute Enteric Colitis</i>	How long <i>5 days</i>
Immediate <i>11 11 11</i>	How long <i>14</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Roth M.D.</i>
	Address <i>5007 Eastern Ave.</i>
Accident or Suicide?	

Franklin Ave. Bern.

Aug. 22/09

J. Jander Jones

Dr. Roth,

Dr. Webster
Belgrove

Name
in
Full

Anna Baumgartner

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Highlandtown		Baltimore					
Date of death		Month	Day	Years	Months	Days	
1909		8	10	61	3	7	
Sex	Female	Color or Race	White		Birth-place	Germany	
Occupation	Housewife		Where Residing if not at place of death		938-40 S. 3 rd St.		
Married, Single or Widowed	Married	Name of Wife or Husband	John E. Baumgartner				
Father's Name	John Benning				Father's Birthplace	Germany	
Mother's Maiden Name	don't know				Mother's Birthplace	Germany	
Name of person giving Information	John E. Baumgartner				How related to deceased	Husband	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Diabetes	How long	50
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. C. Thieme M.D.	
No		Address	
		3038 E. Baltimore	
Accident or Suicidal			
No			

PHYSICIAN
OR CORONER

Trinity Cemetery
Aug 13th 1909

Lilly and Zeiler
Undertakers

Name
in
Full

Elizabeth Bearmister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granite</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1909 Aug</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>—</i>	Months <i>3</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto Ind</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Balto Ind</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Fred Bearmister</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Opheelia Janycka</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Stank Janycka</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>Exhaustion & Coma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Staplehurst</i>
	Address <i>Granite Ind</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Joseph Silas Beck

Town

County

Died at

Baldwin

Baltimore

MARYLAND

Date

1909 Aug.

Day

23

Years

Age 62

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co. Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary Beck (nee Parce)

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

..

Mother's
Birthplace

..

Name of person giving
information

George Beck

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bright's disease

How long

Not Known

Immediate

Paralysis

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

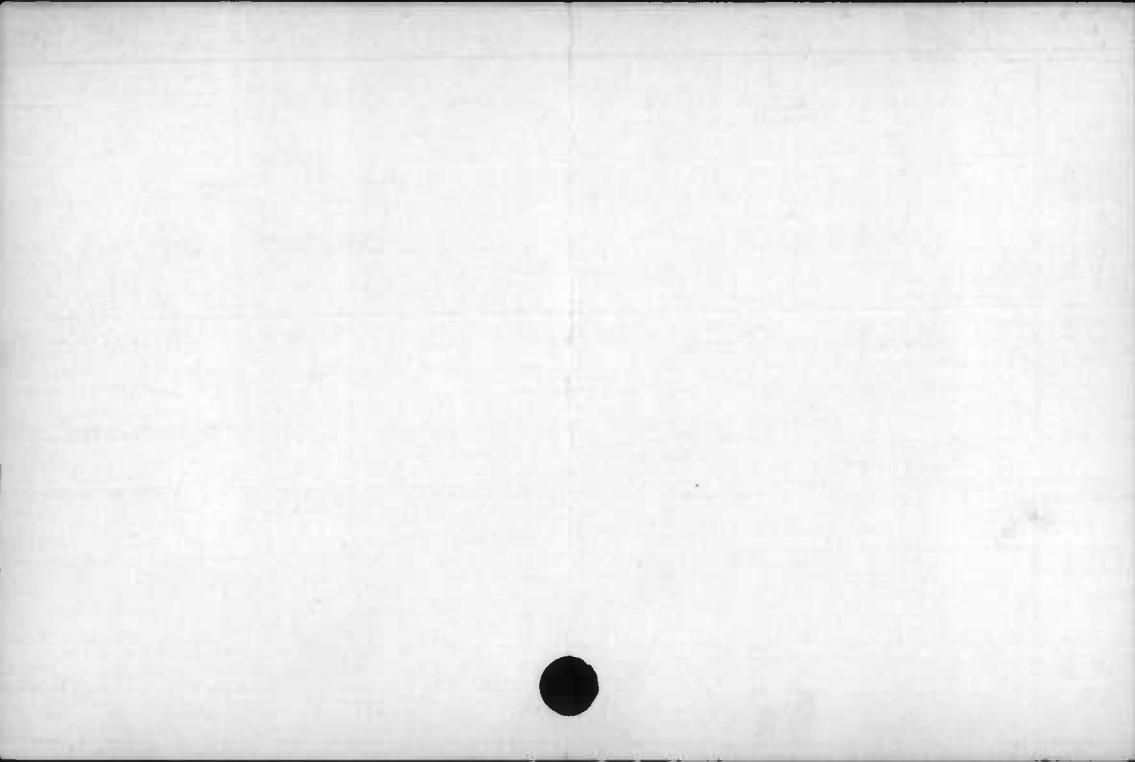
John A. Green

Address

Sittings
Md. 11

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret J Beidelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bassburg

Baltimore

MARYLAND

Date

of death

1909

Month

8

Day

20

Year

Age 54

Months

6

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Housewife

Where Residing if not
at place of death

Bassburg

~~Married~~, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

Jas Beidelman

Fether's
Birthplace

Pa

Mother's
Maiden Name

Eliza Knoble

Mother's
Birthplace

Ohio

Name of person giving
Information

Rachael Snyder

How related
to deceased

Sister

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary

Carcinoma of Breast

How long

3 yrs

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. L. Wilkinson

Address

Bassburg, Md

Accident or Suicide

heart

Camp Hill
Pa

Name
in
Full

Emma C Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granitz</i> <small>Town</small>		<i>Bully</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age	<i>6</i> <small>Months</small> <i>6</i> <small>Days</small>
Sex	<i>female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Samy</i>
Occupation	Where Residing if not at place of death		<i>Samy</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Sahis Bennett</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Emma Jones</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Emma Bennett</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Delivery</i>	How long	<i>6 days</i>
Immediate	<i>Coma</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. J. Hughes, M.D.</i>
		Address	<i>Granitz, Ind</i>
Accident or Suicide?	<i>no</i>		<i>Ind</i>



Name
in
Full

Alice E Bramman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

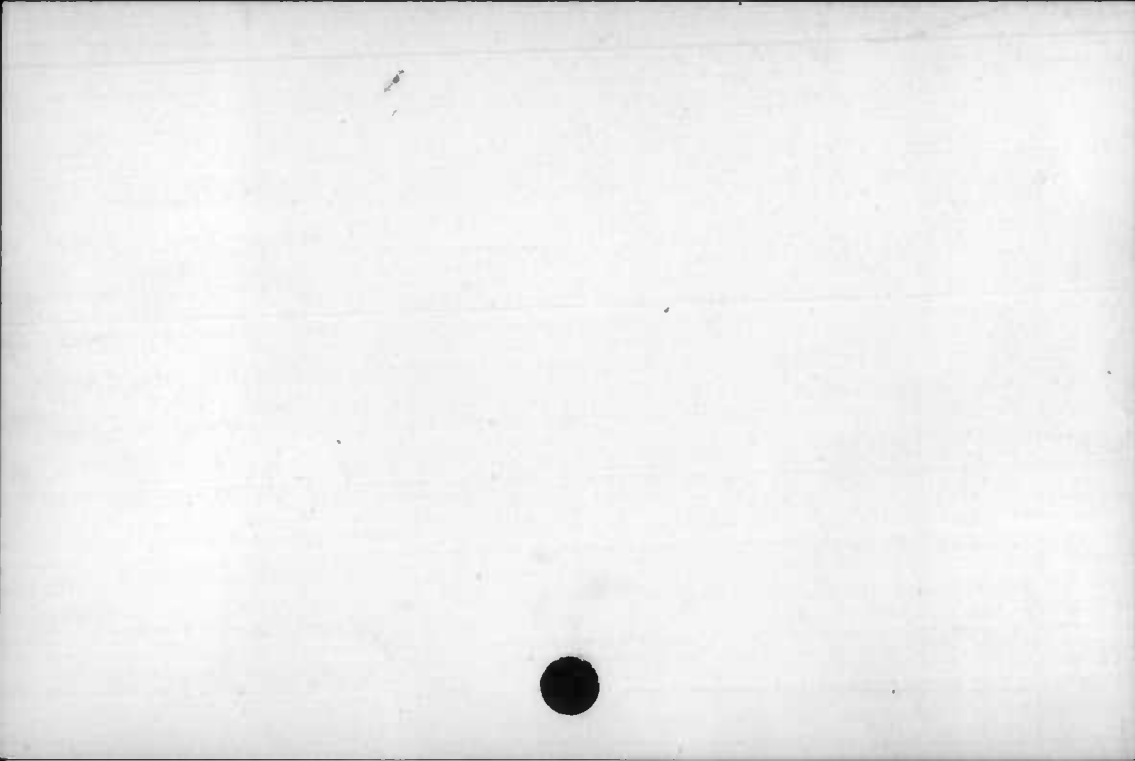
Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND							
Date of death <i>1909 Aug</i>		Month <i>Aug</i>		Day <i>18</i>		Age <i>70</i>		Years		Months		Days	
Sex <i>F</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>									
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>1116 Homewood av. Balto. Md.</i>									
Married, Single <i>Single</i>				Name of Wife or Husband <i>Richard L Bramman</i>									
Father's Name <i>Unknown</i>				Father's Birthplace <i>Ireland</i>									
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Ireland</i>									
Name of person giving information <i>Mr Richard Bramming</i>				How related to deceased <i>Husband</i>									

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Aortic Stenosis, Parkinson's Disease</i>		How long <i>4 yrs.</i>	
Immediate <i>Asthemia</i>		How long <i>6 mo.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Allen Graham M.D.</i>	
		Address <i>St Agnes Hospital</i>	
Accident or Suicide? <i>No</i>			



Name
in
FullMargaret Helen ^{Ellen} Brent

CERTIFICATE OF DEATH

Died at ^{Town} Freeland^{County} Baltimore

MARYLAND

Date of death 1909 Aug

Month

Day

12

Age 63

Years

10

Months

25

Days

Sex Female

Color or Race

White

Birth-place

Baltimore

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Harry J. Brent

Father's Name

George

Palmer

Father's Birthplace

Balto. Co.

Mother's Maiden Name

Penelope

Jones

Mother's Birthplace

Balto. Co.

Name of person giving information

Susan Y. Palmer

How related to deceased

Sister in Law

CAUSES OF DEATH

74

Primary

Neurasthenia

How long

Ten days

Immediate

Congestion of Brain

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Joseph S. Baldwin

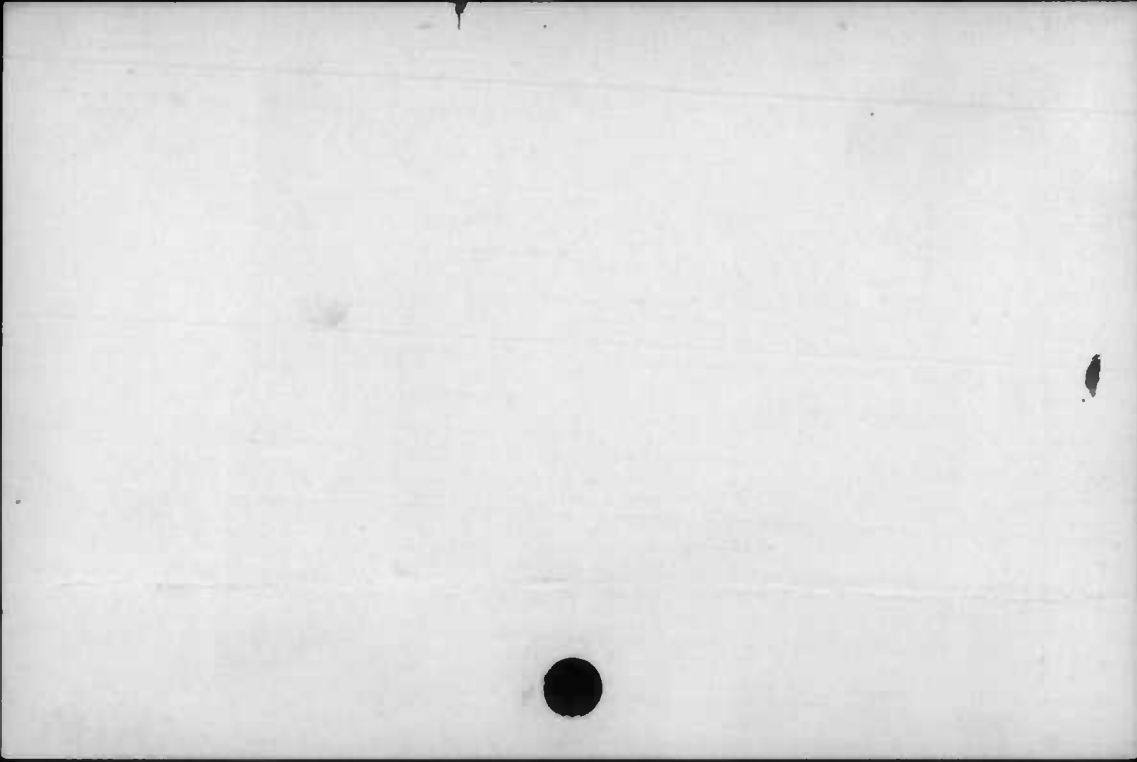
Address

Freeland R. F. D.

Baltimore County

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mr. Catherine E. Brown
Pataasco River

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

190

9 Aug

5

Age

45

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Big Thunder Road

Married, Single
or Widowed

Married

Name of Wife or
Husband

Abraham Brown

Father's
Name

Henry Kehn

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mr. Abraham Brown

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Accidental Drowning

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. G. Sudler, M.D.
33236 Balto St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H. B. Wiedefeld

914 Greenmount Ave

~~1619 ~~Wiedefeld~~~~

Wiedefeld Can.

Name
in
Full

Alfred Rufus Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

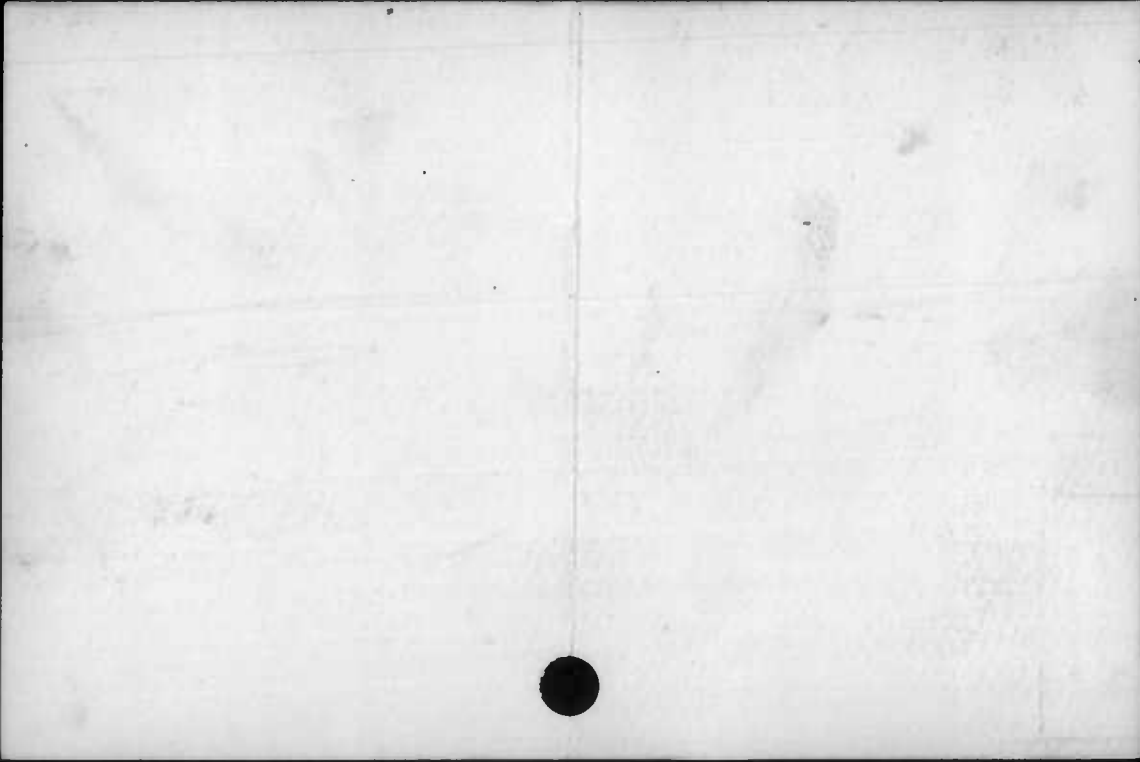
Died at <i>Butler</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>1</i>	Age <i>2</i> Years	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Butler Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John L. Brown</i>			Father's Birthplace <i>Boring Md</i>		
Mother's Maiden Name <i>Ida E. Wisner</i>			Mother's Birthplace <i>Frederick Md</i>		
Name of person giving information <i>John L. Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary <i>Scarlet-Fever, Nephritis</i>	How long <i>4 mos</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Drach</i>
	Address <i>Cockeysville</i>
Accident or Suicide? <i>—</i>	<i>May 1908 5</i>



Name
in
Full

Sebastian Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

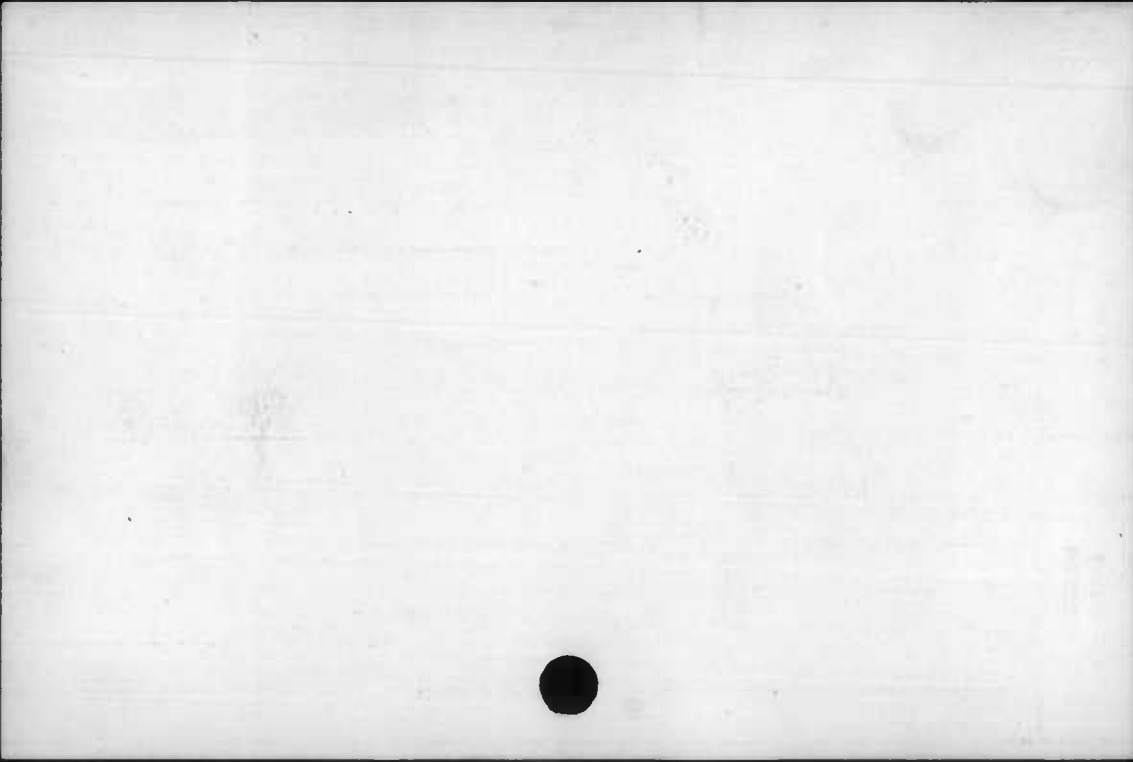
Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND			
Date of death	<u>1909</u> ^{Month}	<u>Aug</u> ^{Day}	<u>30</u> ^{Age}	<u>69(?)</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}	
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Howard Co. Md.</u>
Occupation	<u>Retired Lawyer</u>		Where Residing if not at place of death <u>Clarksville, Md.</u>				
Married, Single or Widowed	<u>Widower</u>		Name of Wife or Husband	<u>Susie Brown (deceased)</u>			
Father's Name	<u>John Brown</u>				Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Sophia Hardy</u>				Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Clinton Welling</u>				How related to deceased	<u>Nephew</u>	

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<u>Cirrhosis of Liver</u>	How long	<u>6 months</u>
Immediate	<u>Terminal Pneumonia</u>	How long	<u>One week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Allen Graham M.D.</u>
<u>Yes</u>		Address	<u>St Agnes Hospital</u>
Accident or Suicide?			
<u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Brown

Town *Raspburg* County *Balto*

Died at *Raspburg* *Balto*

Month *Aug* Day *2* Years *77* Months *9* Days *9*

Date of death *1909 Aug 2* Age *77*

Sex *male* Color or Race *white* Birth-place *Balto Co.*

Occupation *Retired officer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Mary Ann Brown*

Father's Name *Thomas Brown* Father's Birthplace *md*

Mother's Maiden Name *Unknown* Mother's Birthplace

Name of person giving Information *Mollie Brown* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chr. Nephritis + Endocarditis* How long *120* years

Immediate *Cardiac Failure* How long *Sudden termination*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. L. Wilkinson*

Address *Raspburg, Md.*

Accident or Suicidal *neither*

Baltimore County

Dr Clayton
Baltimore Gunther

Dr. Wilkerson
Belair Road

W. J. Lickner Esq
Camden & Packer St
Baltimore Md

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Geo & Louisa Buck
Died at ^{Town} *Oradale* ^{County} *Balto*
Date of death 1909 ^{Month} *Aug* ^{Day} *5* ^{Age} *13* ^{Years} *0* ^{Months} *0* ^{Days} *13*
Sex *Male* Color or Race *White* Birth-place *Balto Co*
Occupation *None* Where Residing if not at place of death *Same*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *George Buck* Father's Birthplace *Balto City*
Mother's Maiden Name *Louisa Brumker* Mother's Birthplace *Balto Co*
Name of person giving Information *Louisa Buck* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Gastro Enteritis*
Immediate *Transection*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. L. Smith*
Address *3353 E. Balto St.*
Accident or Suicide *15*

PHYSICIAN
OR CORONER

105

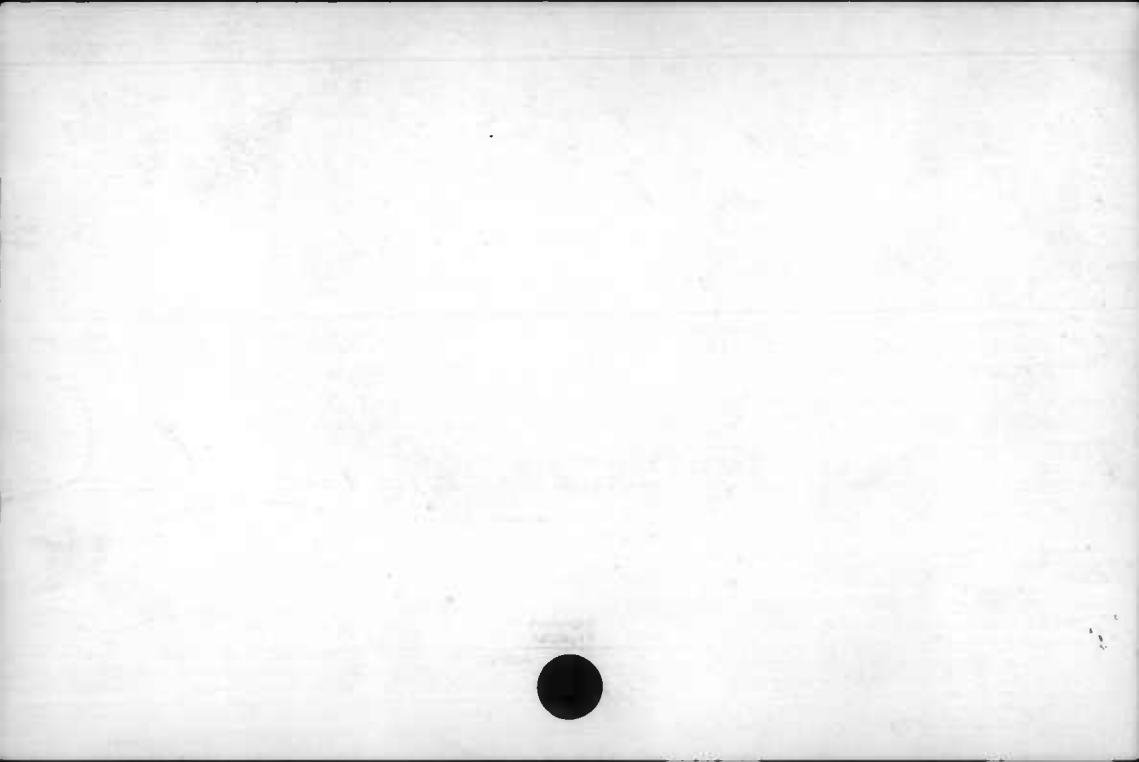
How long

How long

14 days

2 days

15



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Thomas Burkett</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>2</i>		Age <i>22</i>	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>2</i>		Age <i>22</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Burkett</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Lucy Munson</i>		Mother's Birthplace <i>va.</i>					
Name of person giving Information <i>William Burkett</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>8 mos.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. V. [illegible]</i>	
		Address <i>Reisterstown Md.</i>	
Accident or Suicide			



Name
in
Full

Charles Berlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

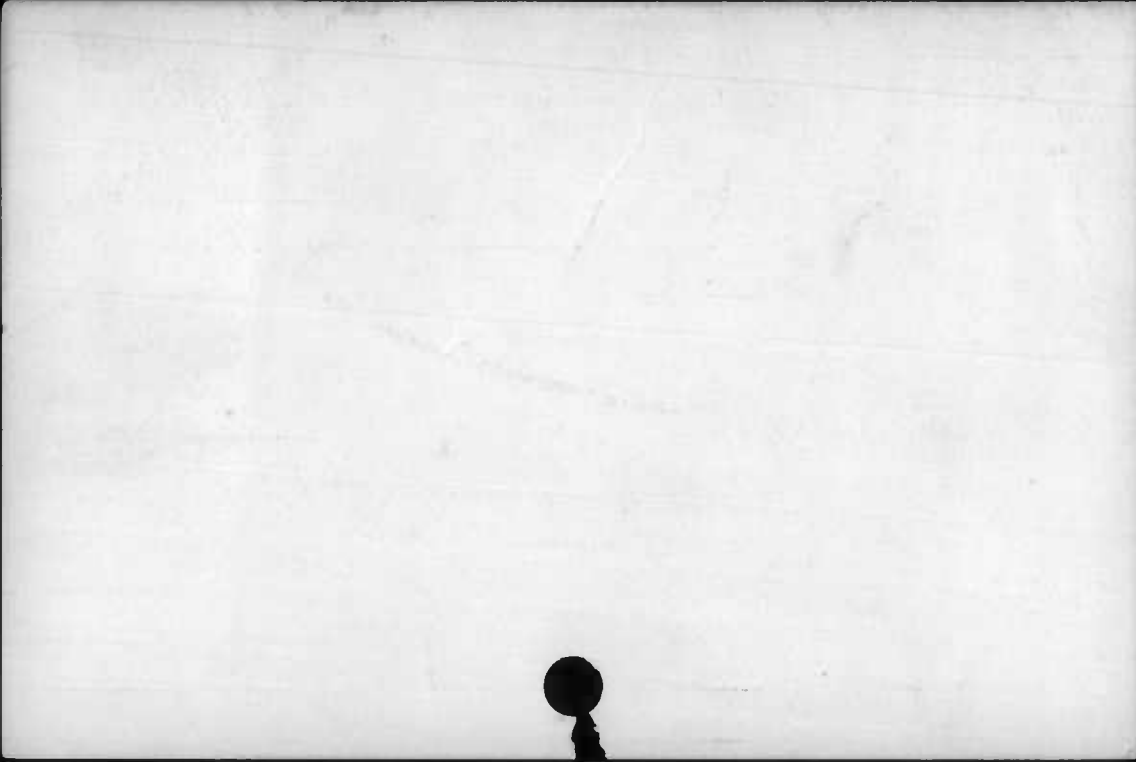
Died at <u>Glennam</u> Town		<u>Baldw.</u> County		MARYLAND	
Date of death	1909 Aug.	Month	Day	Age	Months
			25	60	5
Sex	male	Color or Race	white	Birth-place	Cub Hill
Occupation	Farmer		Where Residing if not at place of death		
			Glennam		
Married, Single or Widowed	married	Name of Wife or Husband	Leahy		
Father's Name	Joshua Berlin		Father's Birthplace	Not Known	
Mother's Maiden Name	Leah Elizabeth Fowler		Mother's Birthplace	" "	
Name of person giving information	Randolph Berlin		How related to deceased	Son	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	Over two years
Immediate	"	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John S. Green
		Address	Hillings Md. "
Accident or Suicide?			



Name
in
Full

Emma Byrd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

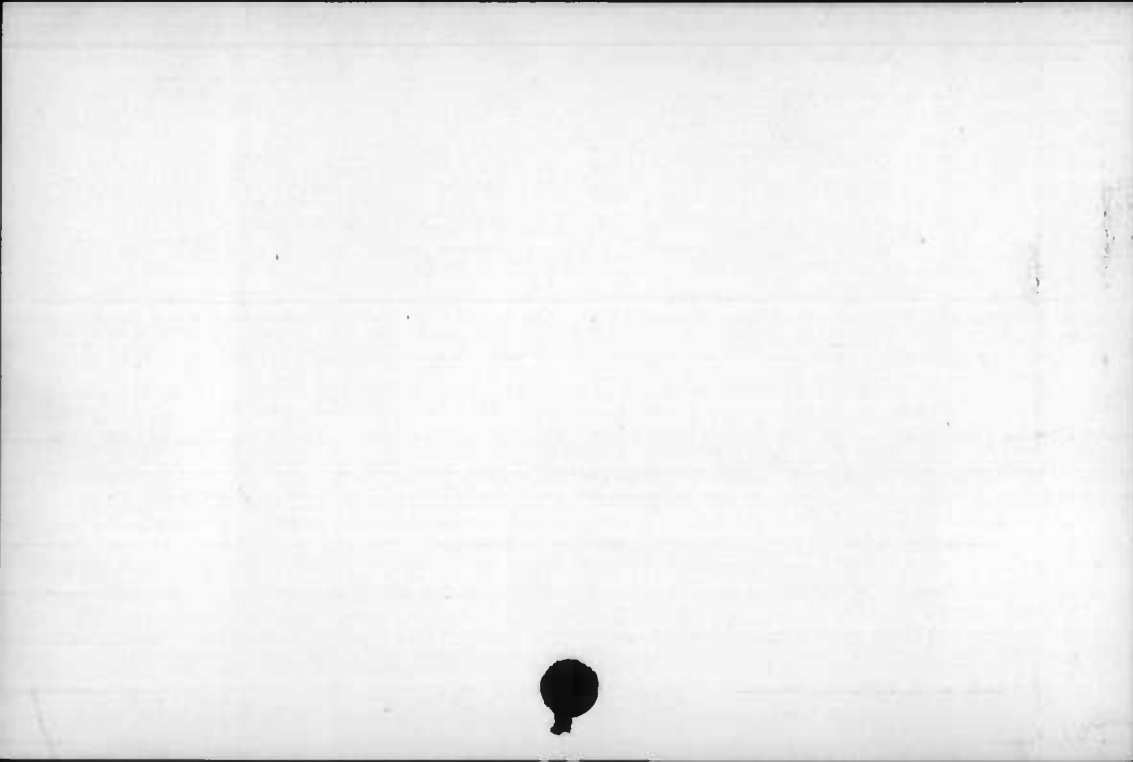
Died at		Town <i>Mt. Wilson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month <i>Aug</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Not known</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name " "				Mother's Birthplace " "			
Name of person giving information <i>Mrs. Byrd</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Discolitis</i>	How long <i>3 miles</i>
Immediate <i>hephtitis, Discolitis</i>	How long <i>3 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Knapp M.D.</i>
	Address <i>Mt. Wilson</i>
Accident or Suicide?	



Name
in
Full

Annie Carroll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	11	78.			
Sex	Female		Color or Race	Colored		Birth-place	Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Chas Carroll			
Father's Name	P. Sorrieks				Father's Birthplace	Md	
Mother's Maiden Name	Hager Brown				Mother's Birthplace	Md	
Name of person giving information	Eliza Carroll				How related to deceased	Daughter	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Hardened blood vessels		How long	Two years
Immediate	Sudden death. Spasm of heart		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. S. Hoeking
			Address	Stark Badingen Md
Accident or Suicide?		No.		

Alex Hemmley
578 W. Bridge St
Balt.

Lincoln Cemetery

Name
in
Full

Sister Mary Leta Carroll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. H. Spies Catonsville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Aug.</i>	Day <i>15</i>	Age <i>67</i>	Years	Months <i>6</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland.</i>				
Occupation <i>Religious</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>				
Father's Name <i>Michael Carroll</i>			Father's Birthplace <i>Ireland.</i>				
Mother's Maiden Name <i>Mary Lemport</i>			Mother's Birthplace <i>Ireland.</i>				
Name of person giving Information <i>Mother Ignatia</i>			How related to deceased <i>Not at all.</i>				

CAUSES OF DEATH

27

Primary <i>Pulmonary Phthisis</i>	How long <i>Don't know</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>Don't know</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Harold M. Morrison</i>
	Address <i>Stokeville, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
In
Full

Samuel Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sutheraville		County Ballo.		MARYLAND	
Date of death		Month 1909 Aug	Day 31	Age	Years 15	Months 10	Days —
Sex		Male		Color or Race Colored		Birth-place Annapolis	
Occupation None				Where Residing if not at place of death Sutheraville			
Married, Single or Widowed		Single		Name of Wife or Husband None			
Father's Name John T. Carroll				Father's Birthplace Annapolis Co.			
Mother's Maiden Name Eva Sembley				Mother's Birthplace Annapolis Co.			
Names of person giving Information John T. Carroll				How related to deceased Father			

CAUSES OF DEATH

27

only saw him once

How long
Sex not known

How long

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Dr. Thos. C. Bussey
		Address Texas
Accident or Suicide	No	Md. 9

John Burns Sons
Tanners

Interment at:
Zion Cemetery
Ruxton
Baltimore Co.
and

● Near colored School
West of Rail Road
crossing Seminary and

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton, 926 4th St.</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	Month <u>9</u>	Day <u>21</u>	Years <u>14</u>	Months <u>11</u>	Days <u>18</u>
Sex <u>female</u>	Color or Race <u>colored</u>		Birth-place <u>Warrenton Va</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>726 4th St Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>had none</u>				
Father's Name <u>Wesley Caphas</u>	Father's Birthplace <u>Va.</u>				
Mother's Maiden Name <u>Ellen Pollard</u>	Mother's Birthplace <u>Va.</u>				
Name of person giving information <u>Hennette Allen</u>	How related to deceased <u>sister</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Acute Nephritis</u>	How long	<u>1 1/2 mos.</u>
Immediate	<u>Cardiac Syncope</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>		Signature of Physician <u>David W. Jones</u>	
		Address <u>per [unclear] 3114 [unclear] Del A</u>	
Accident or Suicide? <u>14</u>			

Alex Hemsley

578 W. Biddle St

Baltimore

Asbury Cemetery

Aug 24/09

Name
in
Full

Arthur Clemenoweth

CERTIFICATE OF DEATH

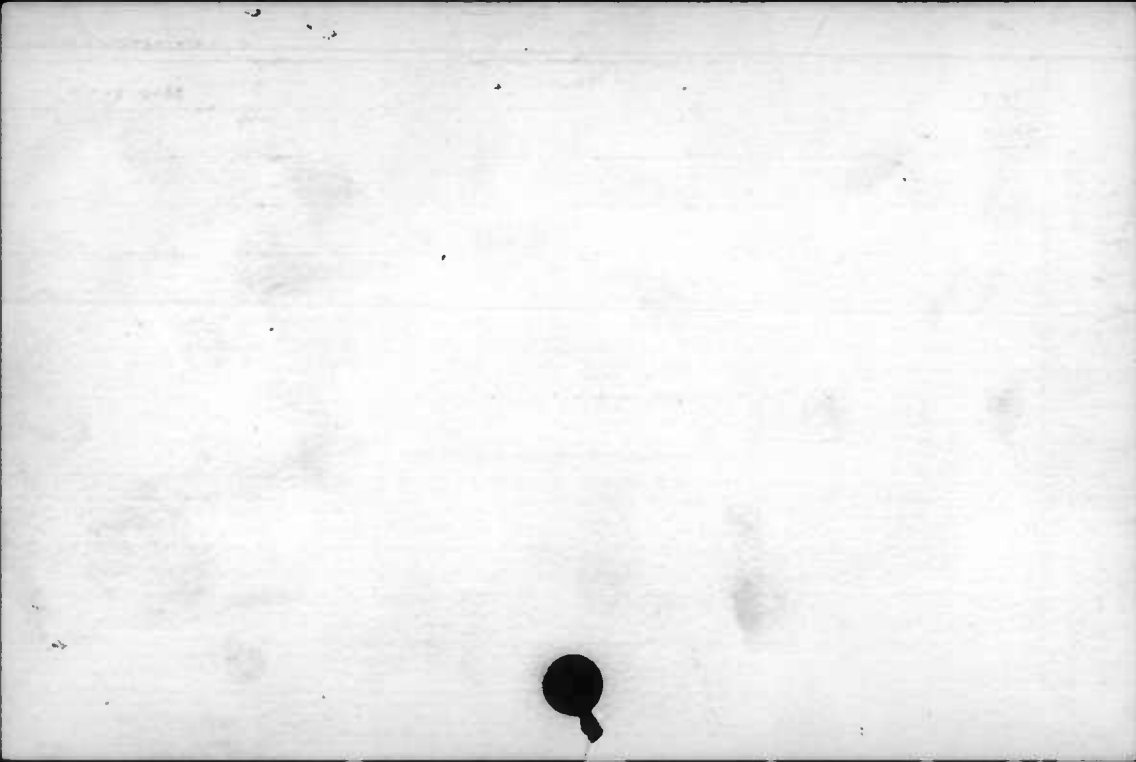
TO BE ANSWERED BY
NEAREST FRIENDDied at Rossville Town Ba County MARYLANDDate of death 1909 Aug 8 Month Aug Day 8 Year 61 Age 61 Months — Days —Sex Male Color or Race White Birth-place MdOccupation Farmer Where Residing if not at place of death —Married, Single or Widowed Married Name of Wife or Husband Sarah SchwartzFather's Name John Clemenoweth Father's Birthplace MdMother's Maiden Name Temperance Sutch Mother's Birthplace MdName of person giving Information Nava Clemenoweth How related deceased Daughter

CAUSES OF DEATH

Primary Mitral Regurgitation How long 3 years

Immediate

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician L. V. WallaceAddress Rossville MdAccident or Suicide —PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Christ

Town

County

MARYLAND

Died at Orangeville

Baltimore

Date

of death

1909

Month

August

Day

31st

Age

Years

72

Months

11

Days

19

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Gardener

Where Residing if not
at place of death

Orangeville

~~Married, Single~~
or WidowedName of Wife or
Husband

Elizabeth

Father's
Name

Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

William Christ

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Apoplexy

How long

one hour

Immediate

Coma

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. C. Schuler

Address

107 S. East St. 14
Baltimore City

Accident or Suicide

no

J. H. H. Schuler

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jerusalem

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. H. Clayton

Town

County

Died at Philipps

Baths

MARYLAND

Date

of death 1909

Month

8

Day

28

Age

Years

Months

6

Days

29

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Overlea Baths Co. Md.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. H. Clayton

Father's
Birthplace

N. J.

Mother's
Maiden Name

Francis Roberta Emerson

Mother's
Birthplace

Md.

Name of person giving
Information

Francis Roberta Clayton

How related
to deceased

Mother.

CAUSES OF DEATH

105

Primary

Marasmus Enteric Colitis

How long

3 months

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wihner C Emerson M.D.

Address

Cockeysville
Md

Accident or Suicide

No.

PHYSICIAN
OR CORONER

Bisley Sept. 29

Name
in
Full

Andrew Reese Cockey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 Aug		9	9	4	6	26	
Sex	Male	Color or Race	White		Birth-place	Lusher ville	
Occupation	None			Where Residing if not at place of death		Lusher ville	
Married, Single or Widowed	Single		Name of Wife or Husband		✓		
Father's Name	George B. Cockey				Father's Birthplace	Balto, C. Md	
Mother's Maiden Name	William V. Reese				Mother's Birthplace	Baltimore City	
Name of person giving Information	Wm Cockey				How related to deceased	Uncle	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	One week
Immediate	Exhaustion	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. L. Smith
✓		Address	Rider Md
Accident or Suicide			9

Please issue Permit
for burial in David
Ridge Cemetery Tuesday
afternoon at 4 o'clock
and oblige.

Stewart & Mowen Co

Name
in
Full

Noah D. Coffill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uffness P.O.</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>8</i>		Day <i>22</i>		Age <i>89</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Balto. Co. Md</i>		Months <i>7</i>	
Occupation <i>Farmer, Retired</i>		Where Residing if not at place of death <i>Uffness P.O. Md</i>		Years		Days <i>2</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife <i>Lucy N. Pracey</i>		Father's Birthplace <i>Balto. Co. Md</i>		Mother's Birthplace <i>Balto. Co. Md</i>	
Father's Name <i>Noah D. Shavel</i>		Name of Husband		How related to deceased <i>Son</i>			
Mother's Maiden Name <i>Mary Coffill</i>							
Name of person giving Information <i>N. D. F. Coffill</i>							

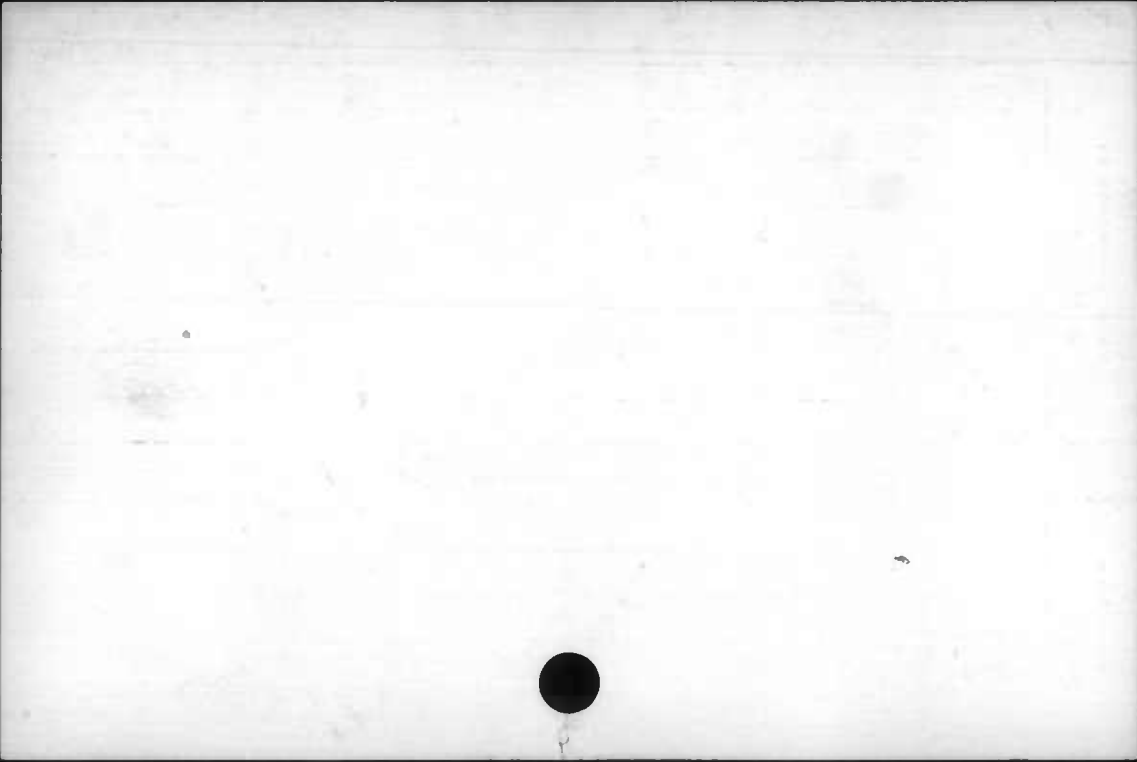
CAUSES OF DEATH

166

X

PHYSICIAN
OR CORONER

Primary	<i>Face down flight of stairs</i>	How long	<i>24 hrs</i>
Immediate	<i>Shock & Heart Failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>Edgar M. Bush, MD</i>	
		Address <i>Hampshire, Md</i>	
Accident or Suicide <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 Aug		27		Age 82			
Sex	Male	Color or Race	White	Birth-place	Russia		
Occupation	None			Where Residing if not at place of death	Same		
Married, Single or Widowed	Widowed			Name of Wife or Husband	None		
Father's Name	Isaac Coplin			Father's Birthplace	Russia		
Mother's Maiden Name	Dora Gorf			Mother's Birthplace	Russia		
Name of person giving information	J. Schuchman			How related to deceased	None		

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary	Scrub	How long	Coroner
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. S. Dwyer M.D.		
	Address 3323 E. Baltimore		
Accident or Suicide			

Max Levinson

1620 Mc Eldeny St

Hebrew Washington D.C.
Cemetery

Aug 27, 1909.

Name
in
Full

Howard S. Creager.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bach River</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1904	Month	8	Day	14	Age	2
Sex	<i>Boy</i>		Color or Race	<i>White</i>		Birthplace	<i>Bach River</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>John Creager</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Annie M. Bird</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving Information	<i>Annie M. Bird</i>				How related to deceased	<i>Grandmother</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>1 month</i>
Immediate	<i>starvation & exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. P. May</i>
		Address	<i>312 High Street</i>
Accident or Suicide	<i>No</i>		<i>Highlandtown Md</i>

Mr. Carver Lee

H. Lander

Aug 15, 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

T Jefferson Lane

Town

County

Chestnut Ridge Balto

Date

of death

1909

Month

Aug

Day

27

Age

77

Months

Days

Sex

Male

Color of
Race

White

Birth-
place

Harford Co. Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary J. Lane

Father's
Name

Charles Lane

Father's
Birthplace

Harford Co. Md

Mother's
Maiden Name

Margaret Lane

Mother's
Birthplace

Harford Co. Md

Name of person giving
Information

Alice Jones

How related
to deceased

Daughter

CAUSES OF DEATH

93

How long

Primary

Croupy Pneumonia

How long

Six days

Immediate

General failure of vital

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

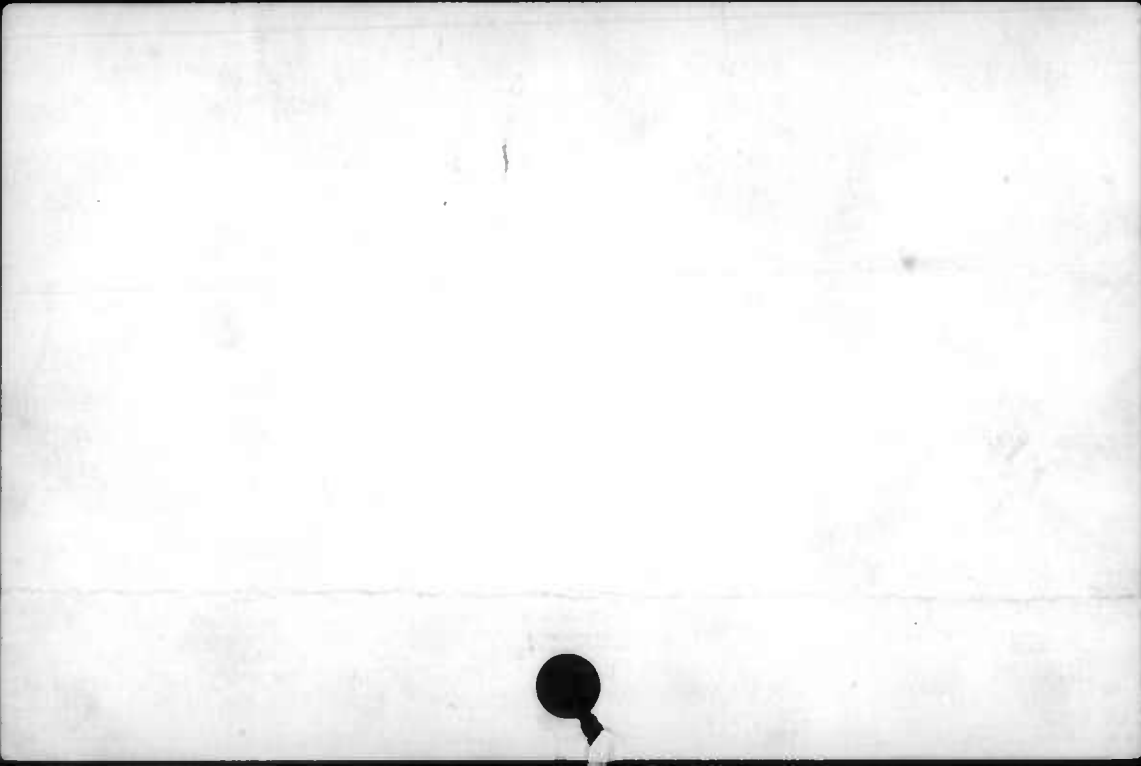
Address

Dr. J. B. Bennett
Centerville
Md

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Frances Dahlem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

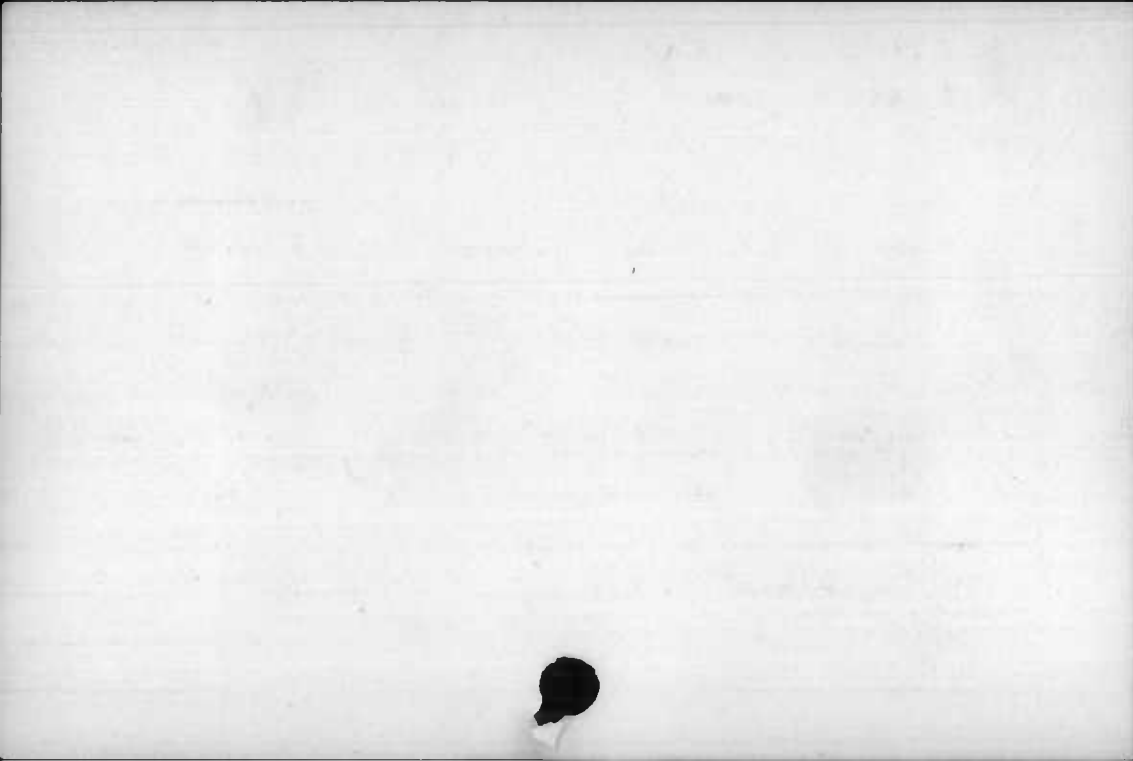
Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909 August 28</i>		Month <i>August</i>		Day <i>28</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>2126 Eagle St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Dahlem</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>C. F. McCormick</i>		How related to deceased <i>Not related</i>					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>6 days</i>
Immediate <i>Peritonitis + Haemias</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry A. Loring M.D.</i>
	Address <i>St. Agnes Hosp</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Louise Davis
Town

CERTIFICATE OF DEATH

Died at Gwyn Brook Batto County

MARYLAND

Date of death 1907 aug 14 Age 62 Months Days

Sex Female Color or Race colored Birth-place Batto. co. Md.

Occupation House work Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or Husband Nicholas Davis

Father's Name Jesse Fairfax Father's Birthplace Batto. co. Md.

Mother's Maiden Name Mary Woodgard Mother's Birthplace Batto. co. Md.

Name of person giving Information Benjamin E. Sanders How related to deceased Son-in-law

CAUSES OF DEATH

64

Primary How long about one week

Immediate Malgria How long about 4 or 5 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Campbell Address Gwynn's Mills. Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Debaugh

Town

County

Died at

Towson

Baltimore Co.

MARYLAND

Date

of death

1909 aug.

Month

Day

21

Age

75

Years

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Penn

Occupation

Carpenter

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Married

Name of Wife or
Husband

Georgeanna Debaugh.

Father's
Name

Philip Debaugh.

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Antonson

Mother's
Birthplace

Germany.

Name of person giving
Information

Mrs Henry Debaugh.

How related
to deceased

Wife.

CAUSES OF DEATH

66

Primary

Paralysis.

How long

3 years

Immediate

Cardiac Asthenia

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Egan Green M.D.,
Towson Md.

Accident or Suicide

PHYSICIAN
OR CORONER

John Burns Sons
Towns on
Providence
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

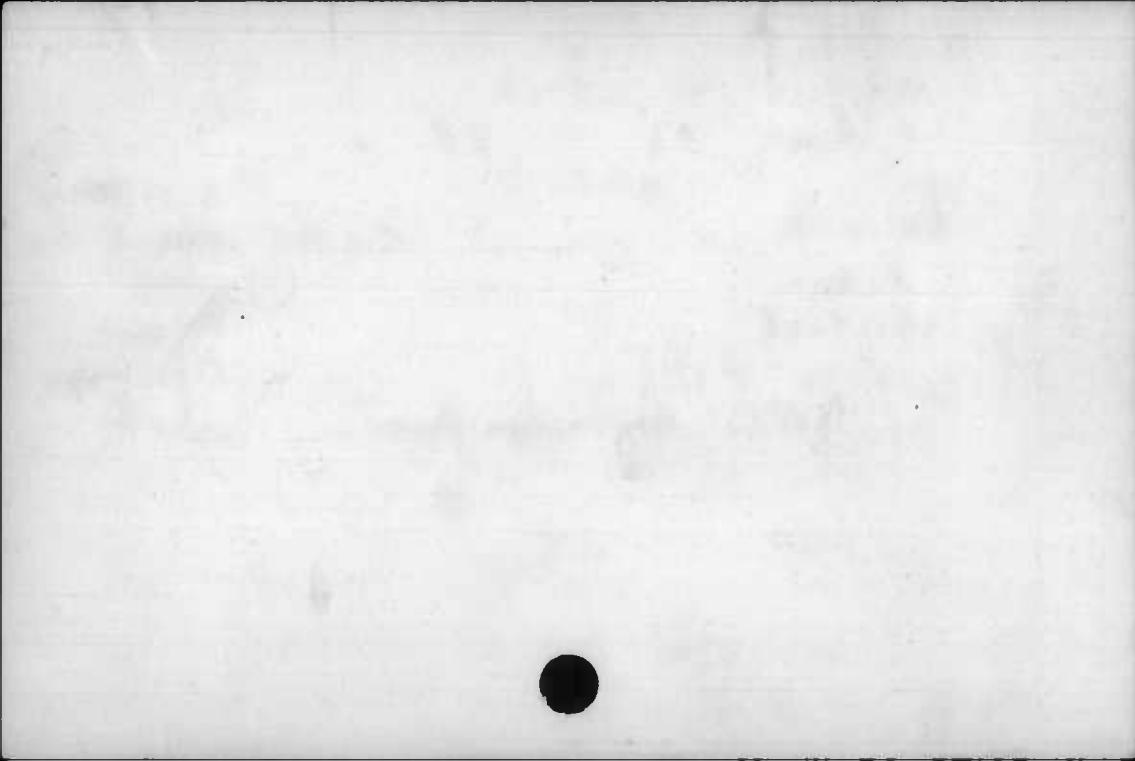
Name in Full <i>Samuel E. Dickerson</i>		Town <i>St. Agnes Hospital</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes Hospital</i>		Month <i>August</i>		Day <i>1</i>		Years <i>47</i>	
Date of death <i>1909</i>		Months <i>1</i>		Days <i>1</i>		Age <i>47</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Ice Dealer</i>		Where Residing if not at place of death <i>Towson</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Marion Estelle Dickerson</i>					
Father's Name <i>Abel Dickerson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Marion Estelle Dickerson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Cerebral abscess.</i>	How long <i>3 mo.</i>
Immediate <i>Meningitis</i>	How long <i>7 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Allen Graham M.D.</i>
	Address <i>St Agnes Hospital.</i>
	<i>Baltimore.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Ernest Dicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hullsview* ^{County} *Baltimore* *MARYLAND*

Date of death *1909* ^{Month} *aug* ^{Day} *19* ^{Years} *3* ^{Months} *3* ^{Days}

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
or WidowedName of Wife or
HusbandFather's
Name*Louis Dicks*Father's
Birthplace*Pa*Mother's
Maiden Name*Bertha Smith*Mother's
Birthplace*Ind*Name of person giving
Information*Bertha Dicks*How related
to deceased*mother*

CAUSES OF DEATH

27PHYSICIAN
OR CORONER

Primary

tuberculosis of lungs

How long

4 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W. B. Hall*

Address

121 W. Minors

Accident or Suicide?

Felix B. Pye:

Mt Auburn. Cemetery.

Name
in
Full

Paulus R. Dill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		August	28	Age	71		
Sex		Color or Race		Birthplace			
Male		White		Germany			
Occupation		Where Residing if not at place of death					
Carpenter		Mrs Christian Mailes					
Married, Single or Widowed		Name of Wife or Husband					
Widower		Bertha Dill					
Father's Name		Father's Birthplace					
Michael Dill		Germany					
Mother's Maiden Name		Mother's Birthplace					
Eva Dill		Germany					
Name of person giving information		How related to deceased					
Mrs Christian Mailes		Sister					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Concussion of Stomach, Hepatitis, about one year	How long	about 4 weeks
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Arthur H. Mailes	
		Address	
		Colonsville	
Accident or Suicide?		Med - 1	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Dirickson, Edwin James.*
Died at *Towson, Sheppard St. Balto.* County

Date of death *1909 August 27* Month Day Age *54* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Physician* Where Residing if not at place of death *Berlin, Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs. E. J. Dirickson*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Paresis* *69* *2*
Immediate *Status Epilepticus* *About four yrs*
3 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. J. Dirickson
Address *Towson, Md.*

PHYSICIAN
OR CORONER

Accident or Suicide

Am. book —

Liverson, Edwin James.

Mar.

Berlin Worcester

William Lloyd
Wendell
502 E. North Ave

Name
in
Full

Rosie Jane Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

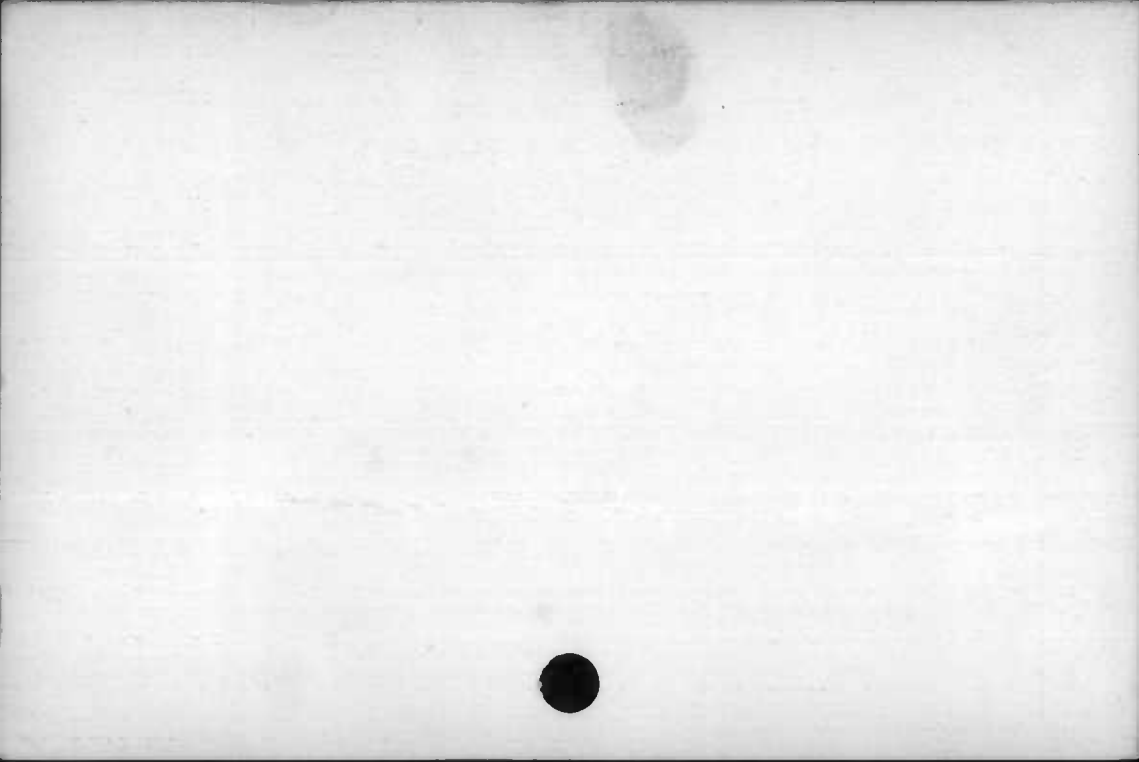
Died at <u>Parkville</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Aug.	16	Age 42	4	2
Sex	Color or Race		Birth-place		
Female	white		Md.		
Occupation	Where Residing if not at place of death				
Housewife					
Married, Single or Widowed	Name of Wife or Husband				
married	E. N. Downs				
Father's Name	Thos. R. Hunt		Father's Birthplace		
Mother's Maiden Name	Hanna Steys		Mother's Birthplace		
Name of person giving information	Maggie L. Downs		How related to deceased		
		Daughter			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>9 mos.</u>
Immediate	<u>" "</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. C. Drummick M.D.	
		Address	
		Shrewsbury Pa.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marguerite Deuer

Town _____ County _____

Died at *35180 Donnell St. Canton Balto* MARYLAND

Date of death *1909 Aug 6* Age *58* Months _____ Days _____

Sex *female* Color or Race *white* Birthplace *Germany*

Occupation *Housewife* Where Residing if not at place of death *35180 Donnell St.*

~~Married, Single~~ or Widowed _____ Name of Wife or Husband _____

Father's Name *don't know* Father's Birthplace *probably Germany*

Mother's Maiden Name *don't know* Mother's Birthplace *probably Germany*

Name of person giving Information *John Deuer* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Haemorrhage* How long *about 4 days*

Immediate *Exhaustion + Infection* How long *about 24 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. H. Hughes*

Address *Canton + O'Donnell Sts.*

Accident or Suicide _____

Sacred Heart
Jas B. Cook

Name
in
Full

Amelia E. Benhach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>76</i>	Months <i>1</i>	Days <i>22</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John E. Benhach</i>			
Father's Name <i>John Banaschmidt</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Mallon</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <i>Cancer of the womb</i>	How long <i>3 months</i>
Immediate <i>Cancer of the womb</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. [illegible]</i>
	Address <i>111 P. [illegible]</i>
Accident or Suicide?	

1st Evangelical Church
Aug. 8th 1900.
W. Bardsley, Secy.

Gatch

Name
in
Full

Henry Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

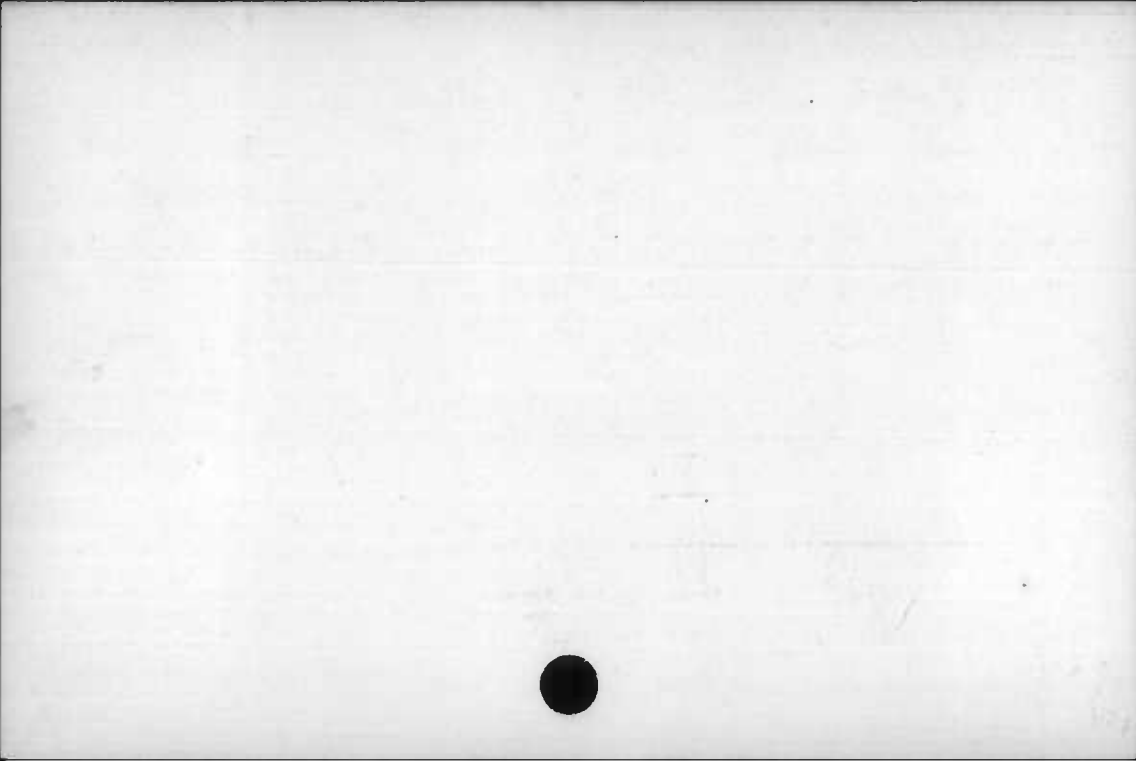
Died at		Town <i>Mr. Nelson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		<i>Aug</i>	<i>6</i>		<i>—</i>	<i>5</i>	<i>—</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>White</i>		<i>Baltimore</i>			
Occupation		Where Residing if not at place of death					
<i>Infant</i>		<i>Baltimore</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>—</i>		<i>—</i>					
Father's Name				Father's Birthplace			
<i>Not known</i>				<i>Not known</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>" "</i>				<i>" "</i>			
Name of person giving information				How related to deceased			
<i>Mrs. Ellis</i>				<i>Wife</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Stenocarditis</i>	How long	<i>3 weeks</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. W. Williams M.D.</i>	
		Address	
		<i>212 W. 11th St.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Feltch,
Town Catonsville, County Balto.

MARYLAND

Died at Catonsville
Date of death 1909 Aug. 11 Age 49 Months 7 Days 1

Sex Male Color or Race white Birth-place Maryland

Occupation Supt. of Gas Holder Where Residing if not at place of death Catonsville Md

Married, Single or Widowed Married Name of Wife or Husband Mary E. Feltch.

Father's Name Henry Feltch Father's Birthplace Germany.

Mother's Maiden Name Tracy. Gruminger Mother's Birthplace Germany

Name of person giving Information Mary E. Feltch. How related to deceased wife

CAUSES OF DEATH

Primary Pulmonary Tuberculosis. How long 3 yrs
Immediate Asthenia. How long 2 mos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B. West.
Catonsville MdPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Henrietta Fineberg.

CERTIFICATE OF DEATH

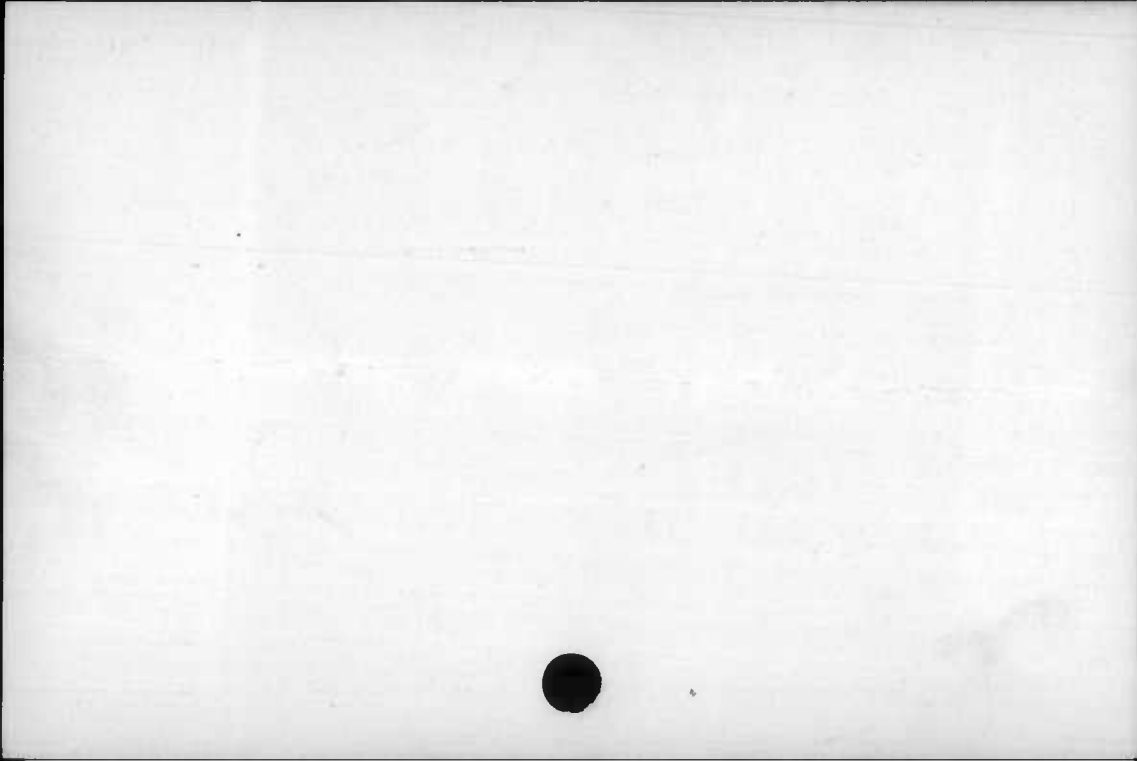
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Year}	<i>August</i> ^{Month}	<i>27</i> ^{Day}	Age <i>59</i> ^{Years}	<i>8</i> ^{Months} <i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Russia</i>		
Occupation <i>Butcher Route</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Divorced</i>	Name of Wife or Husband <i>Divorced from W^h H. Marshal</i>				
Father's Name <i>Isidore Cash</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Fineberg</i>	Mother's Birthplace <i>Russia</i>				
Name of person giving information <i>Rachael Rockwell</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Diabetes</i>	How long <i>3 years</i>
Immediate <i>Traumatic Gangrene Extension</i>	How long <i>13 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruthe</i>
	Address <i>Lansdowne, Balt Co - Md</i>
<i>wagon run over limb</i>	
Accident or Suicide? <i>13 days ago</i>	



Name
in
Full

John Conrad FINGER

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age	<u>22</u> <small>Years</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Conrad FINGER</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Annie Huebsch</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Conrad FINGER</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long	<u>5 days</u>
Immediate	<u>Toxemia</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. L. Burke M.D.</u>
		Address	<u>304 2 Hudson St</u>
Accident or Suicide?			

Mt Carmel

Aug 26/19

H. Sander Lovers

Name in Full		Agatha Fitzsimmons				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
	Date of death	1909	Month <i>Aug.</i>	Day <i>3rd</i>	Age <i>15 yrs</i>	Months	Days
	Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place
	Occupation	<i>✓</i>		Where Residing if not at place of death		<i>✓</i>	
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	<i>James Fitzsimmons</i>				Father's Birthplace	<i>S.C.</i>
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Marg. O'Rourke</i>				Mother's Birthplace	<i>Balto Md.</i>
	Name of person giving information	<i>James Fitzsimmons</i>				How related to deceased	<i>Father</i>
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">151</div>						
PHYSICIAN OR CORONER	Primary	<i>Pneumonia virus</i>				How long	<i>perish (5 months)</i>
	Immediate	<i>incomplete development</i>				How long	<i>1 hr</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes -</i>		Signature of Physician		
					Address		
				<i>1254 Broadway</i> <div style="text-align: right;">12</div>			
		Accident or Suicide?					

Wendell Dippel & Son

New Cathedral Corn.

Aug 3rd / 89.

Name
in
Full

Robert Kennedy Ford.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Int. Washington ^{Town} Barto. Co. ^{County} MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 16 ^{Years} Age 2 ^{Months} 16 ^{Days}

Sex Male Color or Race White Birth-place Int. Washington

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Ross Ford. Father's Birthplace Barto. Co. Md.

Mother's Maiden Name Hellie Harmon. Mother's Birthplace Barto. Co. Md.

Name of person giving information James T. Harmon How related to deceased Grandfather

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORONER

Primary Malaria Gastro-enteritis How long 1 mo.

Immediate Aschemia How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Rosee Blossard.
211-W-25-St.
Barto. Ind.

Accident or Suicide?

W. L. Brooks
Philofelis
Ref

to Sparks Sta

Aug 18-1909

Name
in
Full

Peter Hornwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

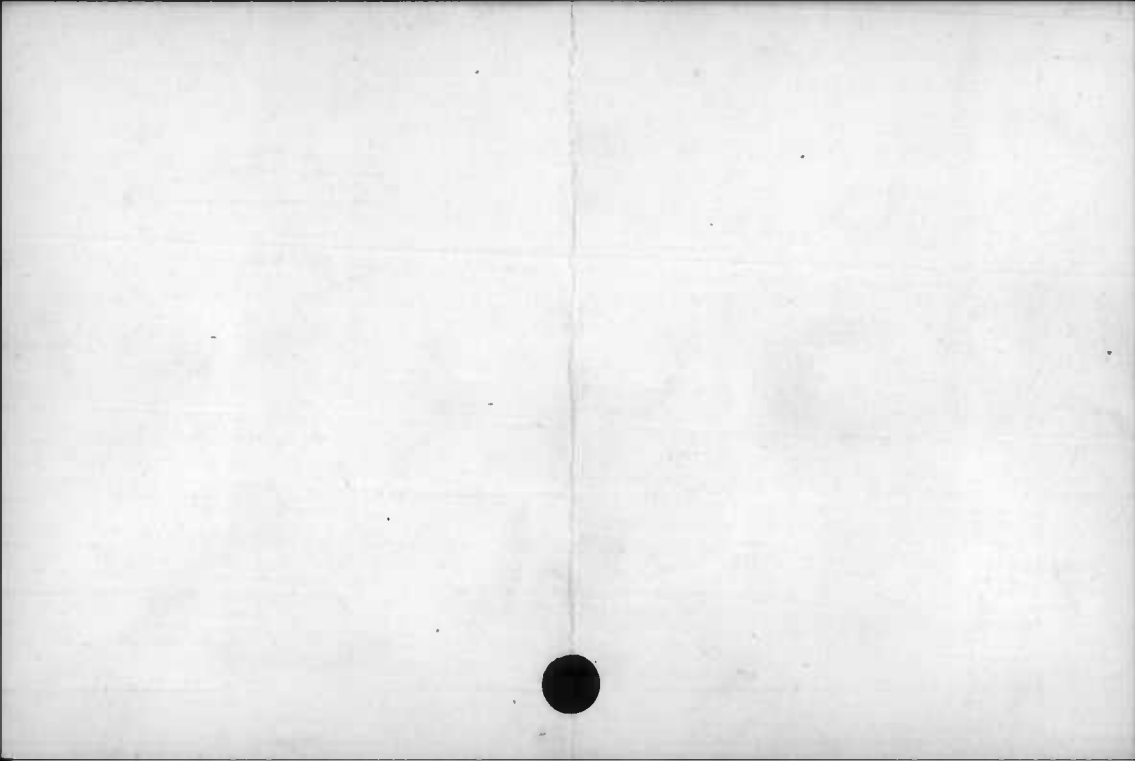
Died at ^{Town} <i>Dulaney's Valley</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>Aug.</i>	Day <i>10th</i>	Age <i>73</i> Years Months <i>4</i> Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Chester Co. Pa.</i>	
Occupation <i>Merchant</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lydia Hornwall</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Theodore Hornwall</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>2 years</i>
Immediate <i>Uremic Poisoning (Coma)</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Green</i>
	Address <i>Sittings, Md.</i>
Accident or Suicide?	<i>11</i>



Name

in
Full

Emily Louise Francis

CERTIFICATE OF DEATH

Town

County

Died at

Unionville

Baldt.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Aug.

24

Age

—

2

—

Sex

Female

Color or
Race

white

Birth-
place

Unionville

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

McCague Francis

Father's
Birthplace

Unionville

Mother's
Maiden Name

A. L. Grammer

Mother's
Birthplace

Baltimore Co.

Name of person giving
In formation

McCague Francis

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Calcis

How long

more
one month or

Immediate

Inanition

How long

more
more of less forAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John A. Green
Hitting
Med. 11

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Gladys Irene Frazer
Catonsville

Baltimore

MARYLAND

Date

of death 1909 Aug

Month

Day

24

Years

Age 1

Months

10

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Washington D.C.

Occupation

Where Residing if not
at place of death

Catonsville Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

William George Frazer

Father's
Birthplace

unk known

Mother's
Maiden Name

Kessie Virginia Bond

Mother's
Birthplace

Maryland

Name of person giving
Information

Caral Ryan

How related
to deceased

Aunt

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

4 hours

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianD. M. Smith M.D.
Catonsville
Md

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Pro. A. Elliott
Western Star

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full John Friedel		Town Canter		County Balto.		State MARYLAND	
Died at Canter		Month Aug		Day 2nd		Year 11	
Date of death 1909 Aug		Age 11		Months 3		Days —	
Sex Male		Color or Race White		Birth-place Balto. Co.			
Occupation None		Where Residing if not at place of death 817 S. First St.					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name George F. Friedel		Father's Birthplace Balto. Co.					
Mother's Maiden Name Lena Kraus		Mother's Birthplace Germany					
Name of person giving Information George F. Friedel		How related to deceased Father					

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident ☒ Suicide

How long

How long

Sacred Heart Cemetery
Aug 4th 1909

Lilly and Zeiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine J. Fryer
Town *Spurwood Pt* County *Baltimore*

MARYLAND

Died at *Spurwood Pt Baltimore*

Date of death 190 *9* Month *Aug* Day *31* Age *1* Months *4* Days *21*

Sex *Female* Color or Race *White* Birth-place *Spurwood Point*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Thomas J. Fryer*

Father's Birthplace *Ind*

Mother's Maiden Name *Viola M. Ringel*

Mother's Birthplace *Ind*

Name of person giving Information *Viola M. Fryer*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pertussis*

8
How long *11 weeks*

Immediate *Enterocolitis*

How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

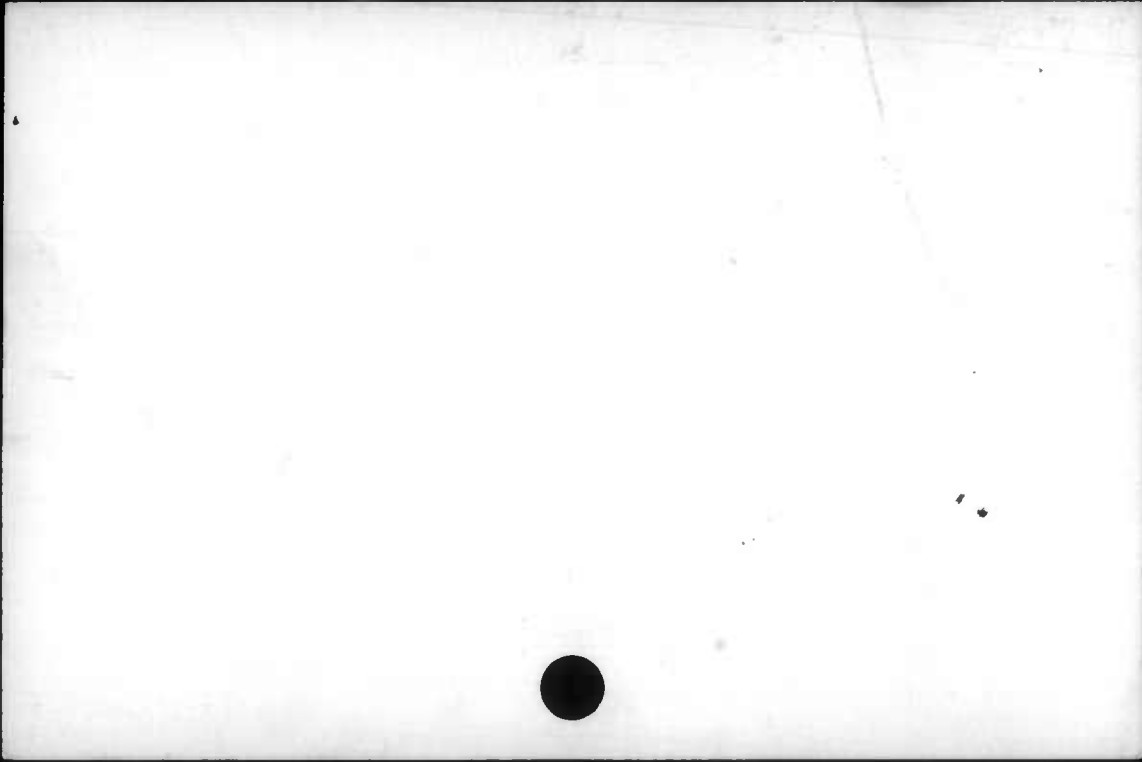
Signature of Physician

Address

J. C. Eldred M.D.
Spurwood Point
Ind 15

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Herman Fuchs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	Aug	Day	26
Age	38	Years		Months	0
				Days	17
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Laborer		Where Residing if not at place of death		
			3401 Mt Pleasant		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Gustav Fuchs			Father's Birthplace	Germany
Mother's Maiden Name	Mary Bing			Mother's Birthplace	Germany
Name of person giving information	Mrs Bergman			How related to deceased	Sister

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal T.B.</i>	How long	<i>5 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Michaelson M.D.</i>
		Address	<i>3314 E. Balto St</i>
Accident or Suicide?			

Mount Carmel Cemetery

Sunday Aug 29.

Under the name Louis Thompson

32 S Broadway

Name
in
Full

Alexander Garden

CERTIFICATE OF DEATH

Died at

Pikesville

Town

Baltimore

County

MARYLAND

Date
of death

1909 8

Month

Day

Age

Years

76

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Virginia

Occupation

Collector

Where Residing if not
at place of death

Pikesville

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
Information

John Dunning

How related
to deceased

None

CAUSES OF DEATH

Primary

Senile Degeneration
Apoplexy

How long

Several years

Immediate

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. O. M.

Address

Pikesville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jacob H Krapf
8/8/09 Undertaken
London Park -

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John George Segner*
Canton ^{Town} *Balto* ^{County}Date of death *1909* ^{Month} *Aug.* ^{Day} *31* ^{Years} *78* ^{Months} *11* ^{Days} *21*Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Merchant* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Mary Segner*Father's Name *Daniel Segner* Father's Birthplace *Germany*Mother's Maiden Name *Not Known* Mother's Birthplace *"*Name of person giving information *Mary Segner* How related to deceased *Wife*

CAUSES OF DEATH

13

Primary *Cholera Mortus* How long *3 days*Immediate *Heart Failure* How long *Sudden*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Louis J. Greiner*Address *2601 E. Monument St.
Burr 9nd. 17*Accident or Suicide? *—*

Wm. Samuel Leach
Sept. 2nd 1909.

W. Samuel Leach.

Wm. Samuel Leach
Sept. 2nd 1909.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

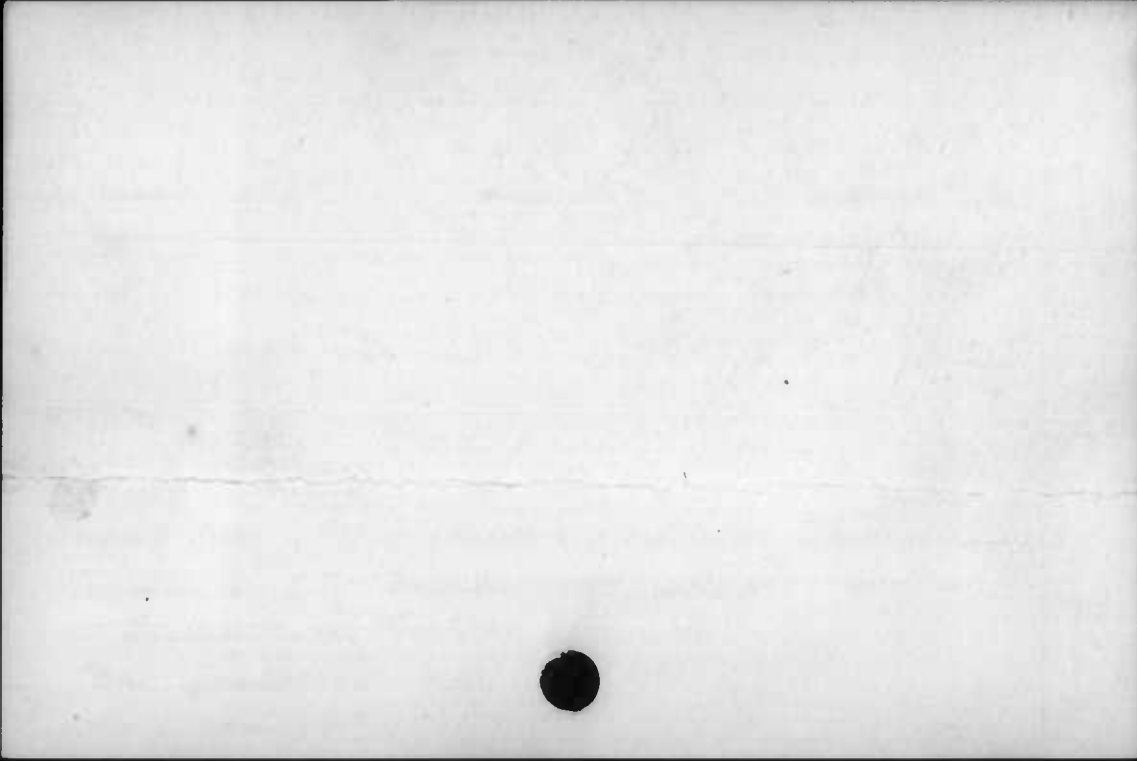
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freeland</i> Town		<i>Balto</i> County				
Date of death <i>1909 Aug 30</i>	Month <i>Aug</i>	Day <i>30</i>	Age <i>92</i>	Years	Months <i>4</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Genova</i>				
Occupation <i>Retired Merchant</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah J. Gummill</i>					
Father's Name <i>Jno. Gummill</i>	Father's Birthplace <i>Genova</i>					
Mother's Maiden Name <i>Mary Smith</i>	Mother's Birthplace					
Name of person giving information <i>Sarah J Gummill</i>	How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmity of age</i>	How long <i>154</i> ↑
Immediate <i>Exhaustion</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel V. Moyer</i>
	Address <i>Maryland</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

Catharine M. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goranslauer</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Aug	21	Age 43		
Sex	Color or Race	Birth-place			
Female	White	Baltimore Ind.			
Occupation	Where Residing if not at place of death				
Housewife					
Married, Single or Widowed	Name of Wife or Husband				
Married	John G. Gibson				
Father's Name	Father's Birthplace				
Unknown					
Mother's Maiden Name	Mother's Birthplace				
Unknown					
Name of person giving Information	How related to deceased				
John G. Gibson	Husband				

CAUSES OF DEATH

112

Primary	Cirrhosis of the Liver	How long	120 days.
Immediate	Exhaustion from Hematuria	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Robt J. Green
		Address	120 Burghick st Baltimore Ind.
Accident or Suicide			

PHYSICIAN
OR CORONER

Chas. F. Evans
118 W. Royal Ave.
St. Mary's Cem. Grove

Name
in
Full

CERTIFICATE OF DEATH

Bosa Gitson -

Town

County

MARYLAND

Died at Skirruson

Baltimore

Date

Month

Day

Years

Months

Days

of death

1909

8

13

Age

27

Sex

Female

Color or
Race

Colored

Birth-
place

unknown

Occupation

Waitress

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Gitson

Father's
Name

unknown -

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown -

Mother's
Birthplace

unknown

Name of person giving
Information

Mr Morris

How related
to deceased

none

CAUSES OF DEATH

176

Primary

Gun Shot Wound

How long

1/2 hour

Immediate

Hemorrhage

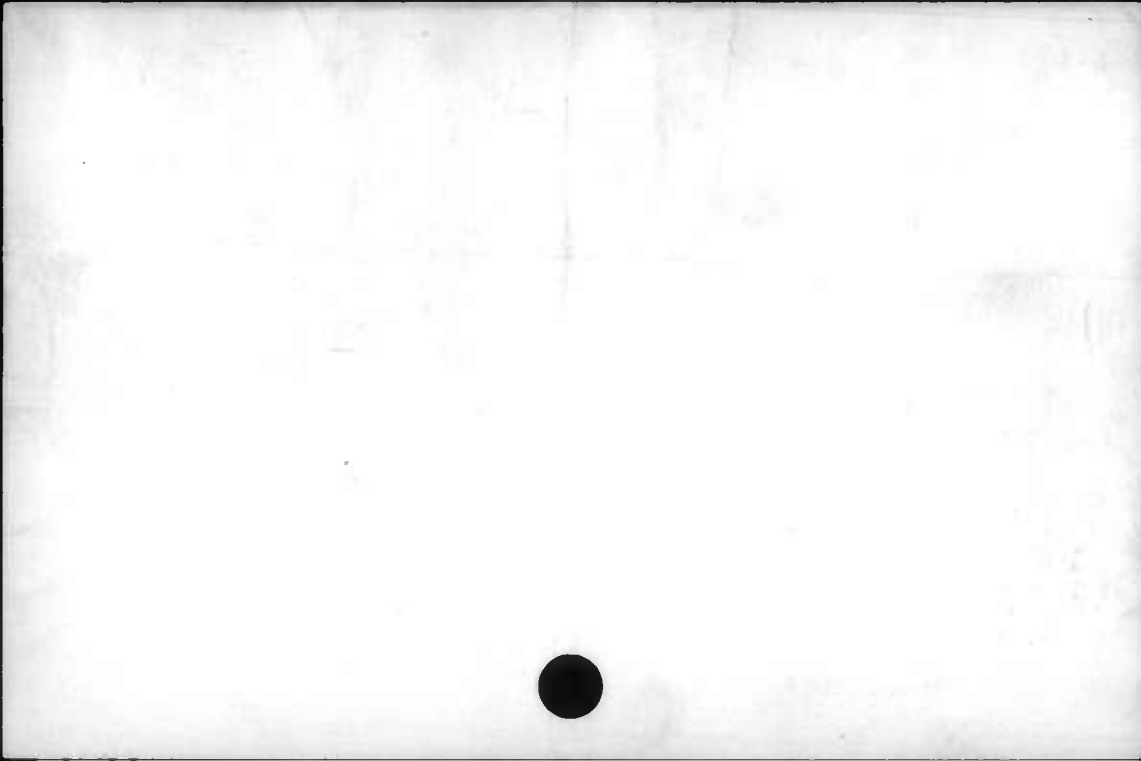
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianW F Loghlan
acting coroner
Pikesville, Md

Accident or Suicide

Murder

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Gleitsman* Town *Gorans town* County *Baltimore* MARYLAND

Died at *Gorans town* Month *Aug* Day *26* Age *79* Months *11* Days *20*

Date of death *1909* Sex *Male* Color or Race *white* Birth-place *Germany*

Occupation *Retired mfr* Where Residing if not at place of death *Gorans town Md*

~~Married~~ Single Name of Wife or Husband *Elizabeth Tiefel*

Father's Name *Wm Gleitsman* Father's Birthplace *Germany*

Mother's Maiden Name *Don't know* Mother's Birthplace *Germany*

Name of person giving Information *Geo. Spentler* How related to deceased *Son in law*

CAUSES OF DEATH

157 X

PHYSICIAN
OR CORONER

Primary *Suicide by Hanging* How long *15 minutes*

Immediate *15 minutes*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. H. Duncan*

Address *Jos. B. Herbert*

~~Accident~~ or Suicide *Coroner 9*

1st Evangelical Cem.

Aug. 29 / 09

H. Sander Sons

Name
in
Full

Debra Anika Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

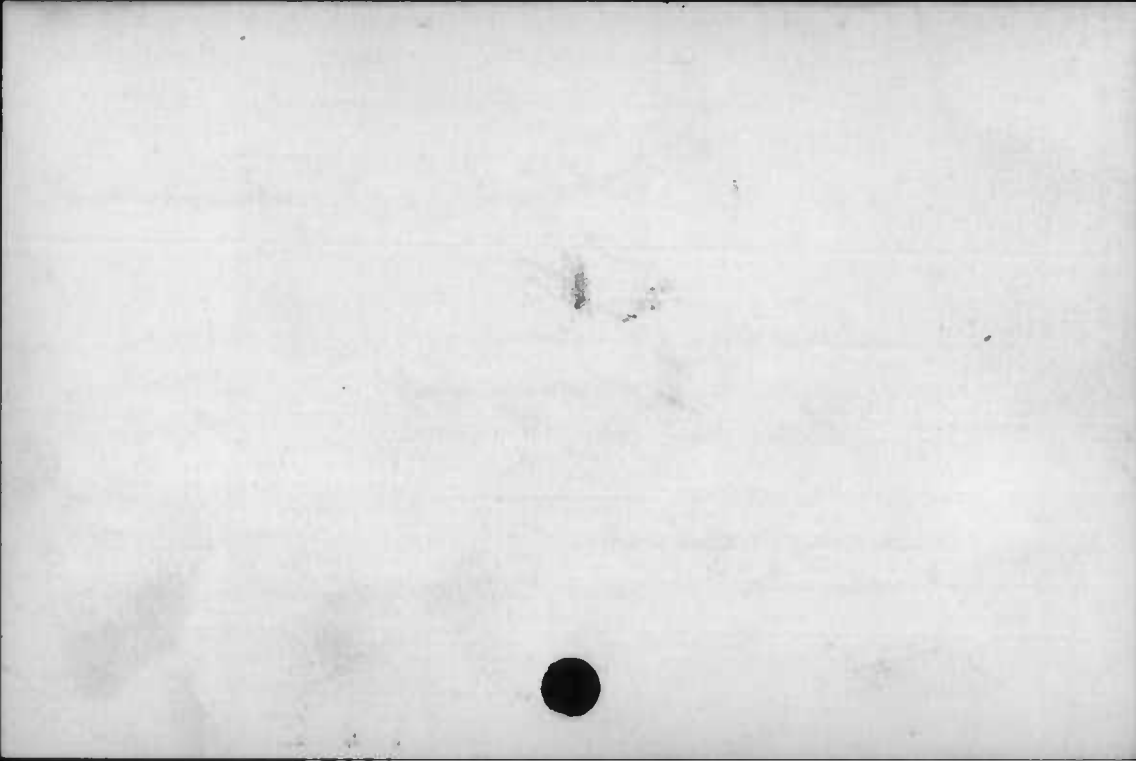
Died at <u>Freeland</u> ^{Town}		<u>Balto</u> ^{County} <u>les.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>8</u>	Months <u>8</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. les Md</u>		
Occupation			Where Residing if not at place of death <u>1224 N. Shickel St</u>		
Married, Single or Widowed		Name of Wife or Husband <u>Balto Md.</u>			
Father's Name <u>Lester H. Gore</u>			Father's Birthplace <u>Balto. les</u>		
Mother's Maiden Name <u>L. Edna McCarley</u>			Mother's Birthplace <u>Balto. Cal</u>		
Name of person giving information <u>Lester H. Gore</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <u>Whooping cough</u>	How long <u>5000 weeks</u>
Immediate <u>congestion of Brain</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph B. Baldwin</u>
	Address <u>Freeland</u>
Accident or Suicide?	<u>Balto. les. Md.</u>



Name
in
Full

Leonard G. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Spencer Point Town Baltimore County MARYLAND
Date of death 190 4 May Month 19 Day 2 Months 3 Days
Sex Male Color or Race White Birth-place Spencer Point.
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Name of Wife or Husband _____
Father's Name Charles C. Green Father's Birthplace Wid
Mother's Maiden Name Mary A. Schwarzkopf Mother's Birthplace Wid
Name of person giving Information Charles C. Green How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Indigestion How long 4 weeks
Immediate Infantile Colic & Exanthema How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. C. Gleason M.D.
Address Spencer Point
Accident or Suicide Wid

Mount Carmel Candy

Aug 21.09

H. Saniter Sons

Name
in
Full

Bernard S. Hagen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		17 th ^{town} Dist.		County		Balto. Co.		MARYLAND	
Date of death		1909	Month	8	Day	21	Age	Years	Months
									4
									25
Sex		Male		Color or Race		White		Birth-place	
								Balto. Co.	
Occupation		None		Where Residing if not at place of death		15 th Dist. B. Co.			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Joseph B. Hagen		Father's Birthplace		Balto.			
Mother's Maiden Name		Margaret Rziennik		Mother's Birthplace		Balto.			
Name of person giving Information		Joseph B. Hagen		How related to deceased		Father			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	General debility	How long	Since Birth
Immediate	Bronco-Pneumonia	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Joseph L. Valentini M.D.	
Address		1302 N. Broadway Baltimore	
Accident or Suicide			

Holy Cross Cemetery

Undertakers

Lilly & Fidler

403 S. Wolfe St.

Aug 27/09

Name
In
Full

Susanna Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Groans</u> Town		<u>Balto</u> County	
Date of death	<u>1909</u> Month <u>Aug</u> Day <u>29</u>	Age <u>87</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Balto Md</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John R. Hall</u>		
Father's Name <u>Samuel Plummer</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Susanna Plummer</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>John R. Hall Jr</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary <u>Chronic Nephritis</u>	How long <u>6 months</u>
Immediate <u>Valvular Insufficiency</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>John A. [unclear]</u>
	Address <u>10-1 N. Carey St.</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER

Mt Olivet Cemetery

F. A. Krause & Bro.

Name
in
Full

Child not Hall named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

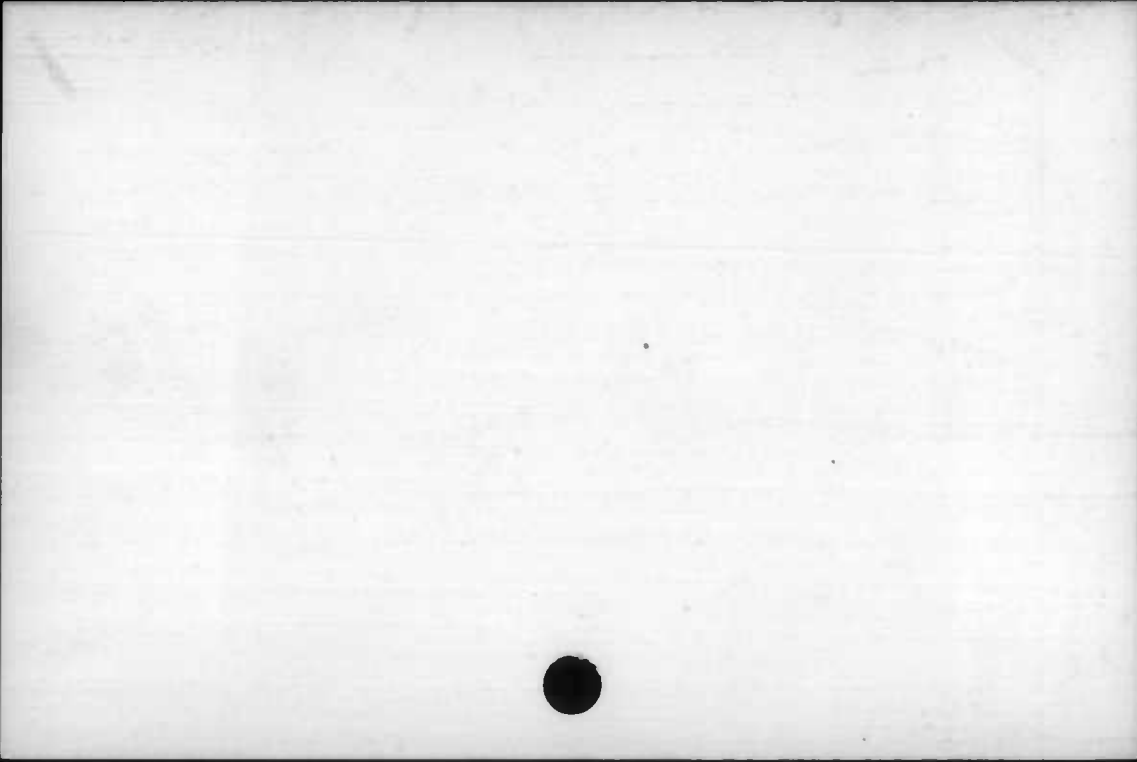
Died at		Town Cotansville		County Balto.		MARYLAND	
Date of death		1909	Month Aug	Day 3	Age —	Months —	Days 1
Sex Female		Color or Race Celand		Birth-place Cotansville Md			
Occupation —				Where Residing if not at place of death Cotansville Md			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Solbert Hall				Father's Birthplace Cotansville Md			
Mother's Maiden Name Carra Johnson				Mother's Birthplace Howard Co			
Name of person giving information Solbert Hall				How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	—
Immediate	Asthma	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		D W Stutz Md	
Address		Cotansville Md	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	8	71		4	3
Sex	Male	Color or Race	White		Birth-place	New York	
Occupation	Hotel keeper		Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband			
				Norah Halstead			
Father's Name	Joseph Halstead				Father's Birthplace	New York	
Mother's Maiden Name	Lorena Reppeas				Mother's Birthplace	New York	
Name of person giving information	Norah Halstead				How related to deceased	Wife	

CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary	Chronic Nephritis	How long	5 years.
	Immediate	Mania	How long	4 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Address	
		Station		City
Accident or Suicide?				

Robert T. Furman

8/9/09

Undertaker

Grand Ridge Cemetery

Name
in
Full

Eleanor Hittings William Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ruxton</i>		County <i>Balto</i>		MARYLAND	
Date of death		190	9	Aug	9	Age	1
		Month		Day		Years	
		Months				Days	
						22	
Sex		<i>Female</i>		Color or Race		<i>white</i>	
Occupation		<i>L</i>		Birth-place		<i>Baltimore</i>	
				Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Aquila Hanson</i>		Father's Birthplace		<i>Balto</i>	
Mother's Maiden Name		<i>Eleanor Hittings Williams</i>		Mother's Birthplace		<i>Balto</i>	
Name of person giving Information		<i>Aquila B. Hanson</i>		How related to deceased		<i>Father</i>	

CAUSES OF DEATH

Primary	<i>Ileo-Colitis</i>	How long	<i>Four weeks</i>
Immediate	<i>Cochectic Perforation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm L Smith</i>	
		Address	
		<i>Rider, Md.</i>	
Accident or Suicide			
<i>L</i>			

PHYSICIAN
OR CORONER

Henry H. Jenkins ^{and Sons} Co

Greenmount Cema

Name
in
Full

Baby Harris.

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>9 mos</i>	in <i>11</i> Months	Days
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Catonville</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Catonville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Daniel Harris</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Mary Foreest</i>	Mother's Birthplace <i>va</i>				
Name of person giving information <i>Daniel Harris</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still Born,</i>	<i>8</i> Y How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Marshall B West</i>
		Address <i>Catonville Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

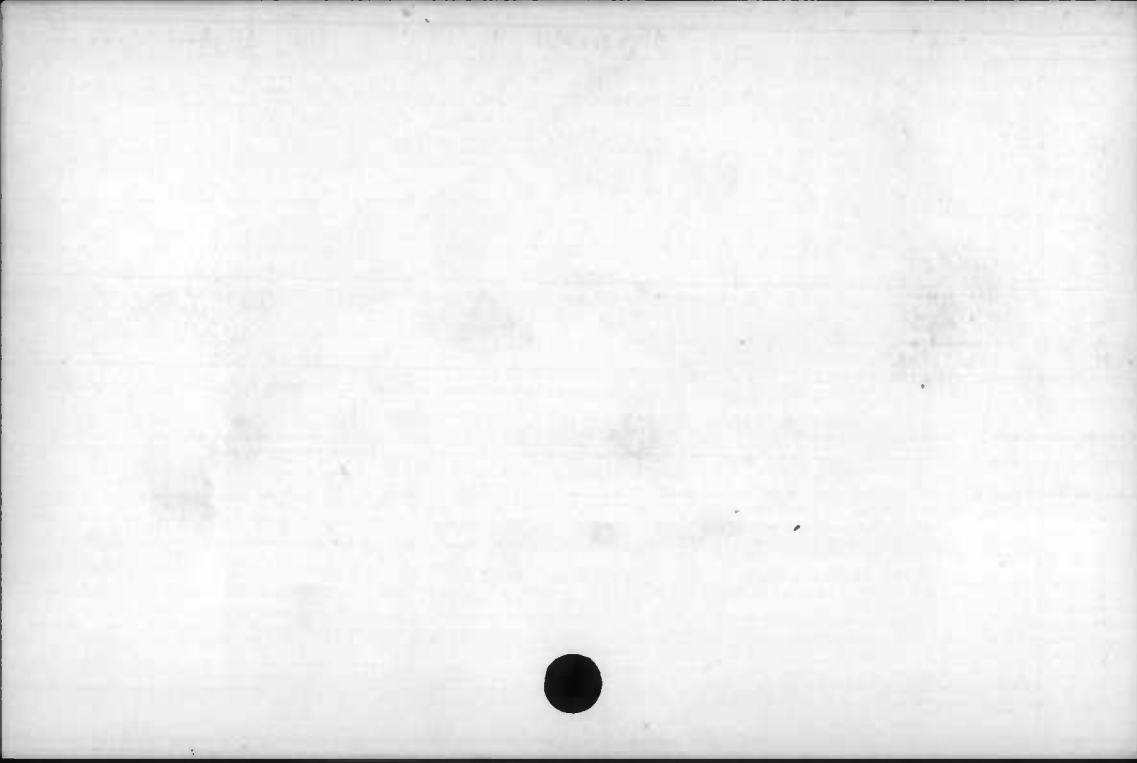
Died at <i>Catonsville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>aug</i>	Day <i>7</i>	Age <i>38</i>	Months	Days
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Catonsville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Daniel Harris</i>				
Father's Name <i>James Forrest</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Mary (dont know)</i>	Mother's Birthplace <i>dont know</i>				
Name of person giving information <i>Daniel Harris</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary	<i>Confinement</i>	How long	<i>2 hours</i>
Immediate	<i>Hemorrhage</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Marshall B. West</i>
		Address	<i>Catonsville Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Winans</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1909 Aug.</i>		Month <i>Aug.</i>	Day <i>20</i>	Age <i>20</i>	Years <i>8</i> Months <i>0</i> Days <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Williamport Pa.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Int Winans</i>				
Marrisd, Single or Widowed <i>married</i>	Name of Wife or Husband <i>William H Harris</i>				
Father's Name <i>Thomas Gruener</i>	Father's Birthplace <i>Germany</i>				
Mother's Melden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving Information <i>Willis S Harris</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Neuritis</i>	How long <i>1 year</i>
Immediate <i>Paralytic Stroke</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reylann</i>
	Address <i>Int Winans</i>
Accident or Suicide	<i>med 13</i>

Stewart & Mowen Co
215 Park Ave.

Loudan Park Cemetery
Aug. 22nd 1909.

Name
in
Full

Agatha C. Hausner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Balto		MARYLAND	
Date of death	1909	Month	8
	Day	22	Age
	Years	10	Months
	Days	8	
Sex	Female	Color or Race	White
Birth-place	Balto Co	Occupation	
Where Residing if not at place of death		421 S 1 st St.	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Chas. M. Hausner	Father's Birthplace	Balto
Mother's Maiden Name	Catherine Helmbold	Mother's Birthplace	" "
Name of person giving information	Chas. M. Hausner	How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	12 days
Immediate	Cordic & Chaudron	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. J. Ryan M.D.	
Address		2008 Oakland Ave	
Accident or Suicide			

Balto. Cemetery
Herwig & Son
8/23/09

Name
in Full

CERTIFICATE OF DEATH

Mary Joseph Bewitt.

Died at ^{Town} *Washington* ^{County} *Baltimore*

MARYLAND

Date of death ^{Month} *Aug.* ^{Day} *27* ^{Years} *30* ^{Months} *0* ^{Days} *11*Sex *Female* Color or Race *white* Birth-place *Baltimore Md.*Occupation *housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Joseph P. Bewitt.*Father's Name *Arthur H. Curry* Father's Birthplace *Annapolis Md.*Mother's Maiden Name *Ebenezer A. Leonard* Mother's Birthplace *England.*Name of person giving Information *Mrs. Sophia S. Guilfoxy* How related to deceased *sister*

CAUSES OF DEATH

Primary *Chronic Nephritis. Pregnancy* How long *3 years (?)*Immediate *(Pregnancy) Uremia* How long *abt 36 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William J. Todd
Washington

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

New Cathedral Aug 30, 1909

Undertakers

Wm. E. Chenneth & Son.
3619 Chestnut Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Aug.	31	Age 60	9	15	
Sex		Color or Race		Birthplace			
female.		white		Baltimore			
Occupation		Where Residing if not at place of death					
Housewkr.		Mit Winans					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		William Henry Higdon					
Father's Name		Father's Birthplace					
William		peck		Unknown			
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Edward Higdon.		Son					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Interactosis & Diabetes	How long	1 year.
Immediate	Stroke	How long	Weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. G. Hume	
		Address	
		Mit Winans	
Accident or Suicide?		m d 13	

Wm J. Tucker.
Nat Oliver -

Name
in
Full

Bertha Hochstedt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Lanson		Balto					
Date of death		Month	Day	Age	Years	Months	Days
1909 Aug		2	5	33		3	13
Sex	female	Color or Race	white	Birth-place	Md.		
Occupation	housewife	Where Residing if not at place of death		Hamilton, Md.			
Married, Single or Widowed	Yr.	Name of Wife or Husband	Charles Hochstedt				
Father's Name	Charles Smith			Father's Birthplace	Germany		
Mother's Maiden Name	Elizabeth Stierhoff			Mother's Birthplace	Germany		
Name of person giving Information	C. Hochstedt & Mrs. Kunkling			How related to deceased	sister		

CAUSES OF DEATH

Primary	Puerperal Psychosis	How long	140 X 6 mos
Immediate	Exhaustion + cardiac paralysis	How long	30 m.
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	Wm Rush Duntou, Jr.
		Address	St. E. P. Hospital Lanson, Md.
Accident or Suicide			

PHYSICIAN
OR CORONER

Name
in
Full

Edna Merie Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Philopolis</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aug.</i>	Day <i>11</i>	Age <i>Edna Merie</i>	Months <i>24</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death* <i>Balto. City - Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Cleveland Hoover</i>	Father's Birthplace <i>Balto. Md.</i>				
Mother's Maiden Name <i>Bessie Myrtle Price</i>	Mother's Birthplace <i>Balto. Md.</i>				
Name of person giving information <i>Emory Price</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Marasmus & Enteritis -</i>	How long <i>Since birth -</i>
Immediate <i>Exhaustion -</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wilmer C. Eason M.D.</i>
	Address <i>Cockeyville Md</i>
Accident or Suicide? <i>No.</i>	

Interments at Bosleys
Cemetery May 13th 09

W. C. Brooks

Name
in
Full

Oliver Huson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockeysville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> ^{Month}	<i>21</i> ^{Day}	Age <i>4</i> ^{Years}	<i>2</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>House</i>			Where Residing if not at place of death <i>House</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>George Huson</i>			Father's Birthplace <i>Balti. Co. Md</i>		
Mother's Maiden Name <i>Clara Whinn</i>			Mother's Birthplace <i>Balti. Co. Md</i>		
Name of person giving information <i>Georg. Huson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>striking back of head with</i> <i>pendulum falling from</i>	How long <i>2 1/2 weeks</i>
Immediate <i>meningitis suppur.</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Benson</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide? <i>Accident</i>	

Interment at Foots

Chapple, Cockeysall
Sunday 22nd

W. C. Brooks

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at				County		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days		
		Sex		Color or Race		Birth-place					
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband							
		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
PHYSICIAN OR CORONER		Name of person giving information				How related to deceased					
		CAUSES OF DEATH						112			
		Primary				How long					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
						Address					
		Accident or Suicide?									

Undertaker = Nicholas Fink
London park Cemetery

Name
in
Full

Alice Jett

CERTIFICATE OF DEATH

Died at <i>Canton</i> ^{Town} <i>922 4th St</i> ^{County} <i>Balt</i>		MARYLAND	
Date of death <i>1909</i>	<i>8</i> ^{Month}	<i>9</i> ^{Day}	<i>37</i> ^{Years}
<i>Female</i> ^{Sex}	<i>Black</i> ^{Color or Race}	<i>Va</i> ^{Birth-place}	
<i>House</i> ^{Occupation}		<i>—</i> ^{Where Residing if not at place of death}	
<i>Single</i> ^{Married, Single or Widowed}	<i>Daniel Jett</i> ^{Name of Wife or Husband}		
<i>Reuben Hunter</i> ^{Father's Name}	<i>Va</i> ^{Father's Birthplace}		
<i>Don't know</i> ^{Mother's Maiden Name}	<i>Don't know</i> ^{Mother's Birthplace}		
<i>Daniel Jett</i> ^{Name of person giving information}		<i>Husband</i> ^{How related to deceased}	

CAUSES OF DEATH

41

<i>Primary</i>	<i>Carcinoma of Intestines</i>	<i>How long</i>	<i>Overlooked 2 yrs ago</i>
<i>Immediate</i>	<i>Exhaustion</i>	<i>How long</i>	<i>4 weeks</i>
<i>Yes</i> ^{Are the name, age, sex, color, date and place correctly given above?}		<i>David W. Jones</i> ^{Signature of Physician}	
		<i>3116 O'Donnell St.</i> ^{Address}	
<i>—</i> ^{Accident or Suicide?}			

Alex. Hemmley
578 W. 79th St

Samuel Cemetery

Name
in
Full

Catherine Anne Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

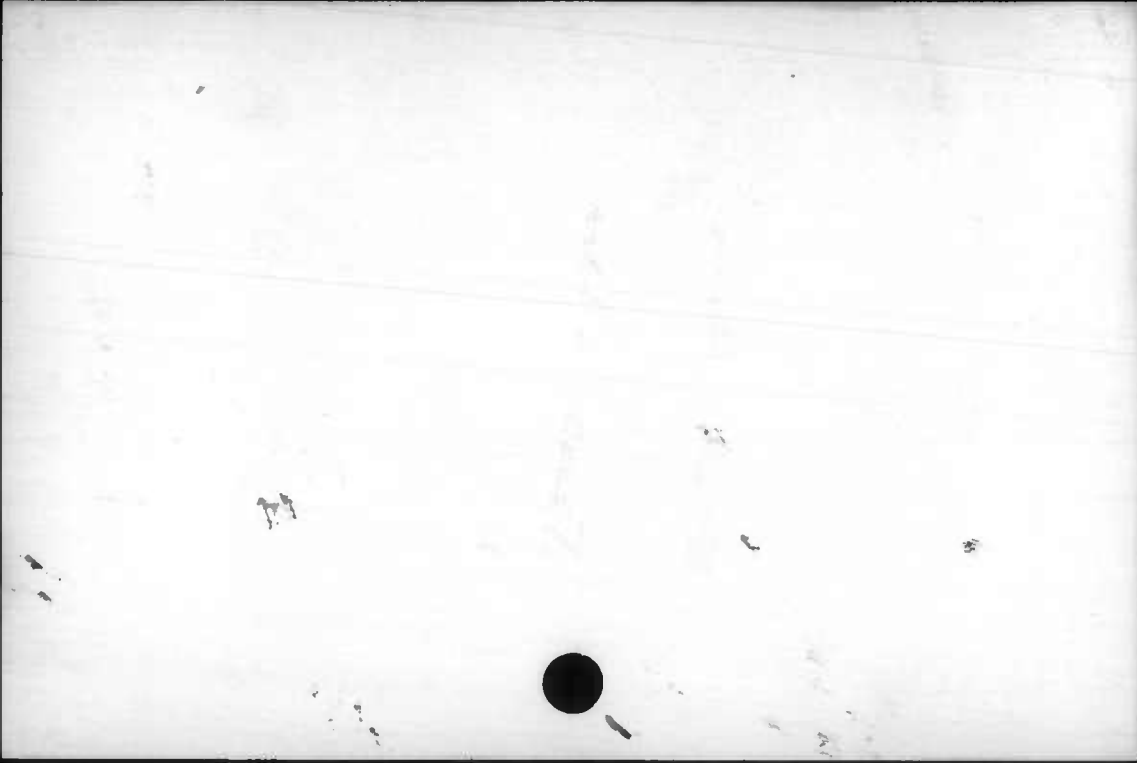
Died at <i>White Marsh P.O.</i>		Town <i>White Marsh P.O.</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1909 Aug 12</i>		Month <i>Aug</i>		Day <i>12</i>		Age <i>62</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Months <i>-</i>	
Occupation <i>st. w.</i>		Where Residing if not at place of death <i>White Marsh P.O.</i>		Years <i>62</i>		Days <i>-</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jane Johnson</i>		Father's Name <i>Isaac Berneston</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Catherine Anne Berneston</i>		Name of Wife or Husband <i>Jane Johnson</i>		Mother's Birthplace <i>md</i>		How related to deceased <i>sister</i>	
Name of person giving Information <i>Jas Johnson</i>		Name of Wife or Husband <i>Jane Johnson</i>		Father's Name <i>Isaac Berneston</i>		Father's Birthplace <i>md</i>	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>3 wks</i>
Immediate <i>As cholera</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison</i>
Accident or Suicide <i>no</i>	Address <i>Middle River md</i>



Name
in
Full

Garfield Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bear Creek (P. Heights) ^{County} Balto. MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 25 ^{Years} Age 28 ^{Months} ^{Days}

Sex Male ^{Color or Race} Negro ^{Birth-place} Virginia

Occupation Laborer ^{Where Residing if not at place of death} Poffar Heights

Married, Single or Widowed Single ^{Name of Wife or Husband} —

Father's Name Unknown ^{Father's Birthplace} Unknown

Mother's Maiden Name Unknown ^{Mother's Birthplace} Unknown

Name of person giving Information J. A. Reifschneider ^{How related to deceased}

CAUSES OF DEATH

Primary Accident crushed in ^{How long} (166) x

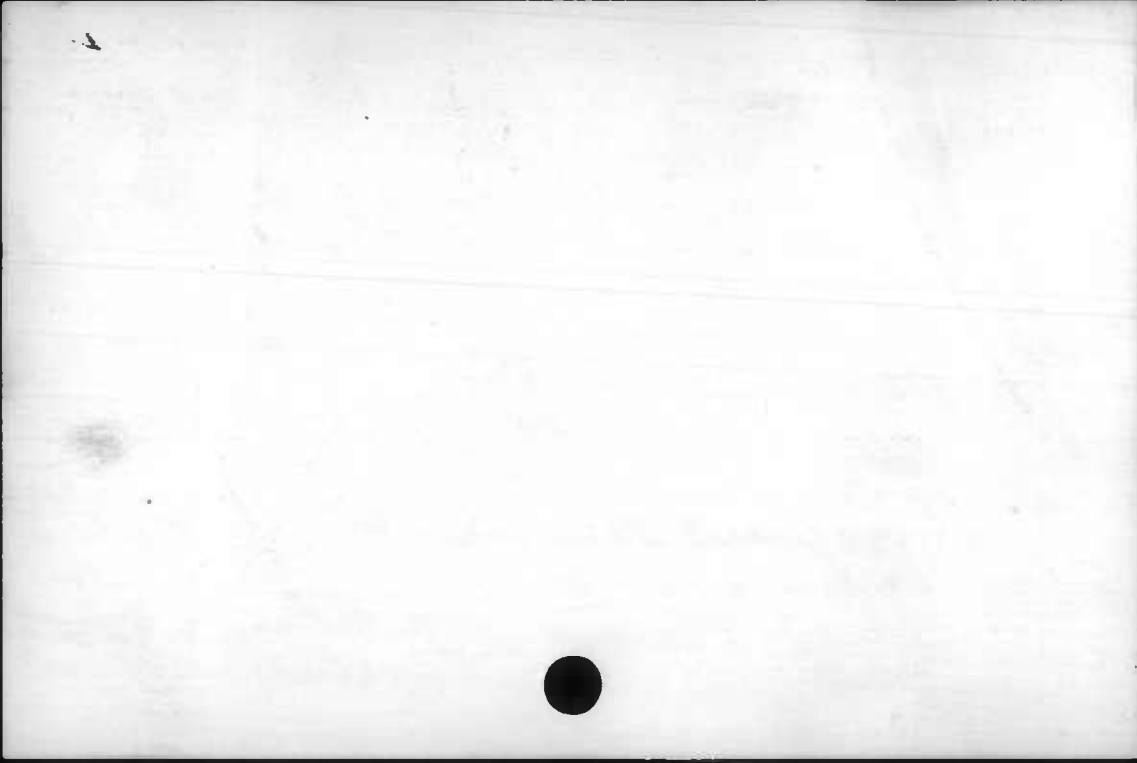
Immediate Clay grinding machine ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. Blair (Crown)

Address Sparrow Point Md

Accident or Suicide



Name
in
Full

Margaretta Kahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cerry Hall* Town *Balto* County

MARYLAND

Date of death 190*9* Month *8* Day *8* Age *83* Months *5* Days *27*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *Cerry Hall*

~~Married, Single~~
☒ Widowed Name of ~~Wife or~~
Husband *Valentine Kahl*

Father's Name *John Ginter* Father's Birthplace *Germany*

Mother's Maiden Name *Margaretta Ginter* Mother's Birthplace *"*

Name of person giving Information *Joseph Kahl* How related to deceased *Son*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

*Fell during attack of
Fractured Femur*

How long

164 X
3 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. F. Blayton M.D.
Overlea

Accident or Suicide

St Joseph

Cemetery

Name
in Full

Constantine Hajan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1909		Month	Day	Years	Months	Days	
Date of death		8		21		Age	
Sex		Color or Race		Birth-place			
Male		White		Balto			
Occupation		Where Residing if not at place of death					
none		410 S 5 th St					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Anton Hajan		Germany					
Mother's Maiden Name		Mother's Birthplace					
Margareth Wachtler		n 6					
Name of person giving Information		How related to deceased					
Anton Hajan		Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		How long	
Cholera Infantum		10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		E. M. Lamy M.D.	
		Address	
		3502 Bank St	
Accident or Suicide			

Sacred Heart
Cemetery
Hornby Jan
8/22/09

Name

in
Full

CERTIFICATE OF DEATH

Died at

Alfred Guy Keirle

Town

Rosllyn

County

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 August

8th

Age

76

Sex

Male

Color or
Race

White

Birth-
place

Baltimore, Md.

Occupation

Mechanic

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Ida L. Keirle

Father's
Name

Melhem Keirle

Father's
Birthplace

England

Mother's
Maiden Name

Charlotte Pindell

Mother's
Birthplace

Maryland

Name of person giving
In formation

B. W. East

How related
to deceased

Nephew

CAUSES OF DEATH

66

Primary

Hemiplegia

How long

1 year

Immediate

Respiratory Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

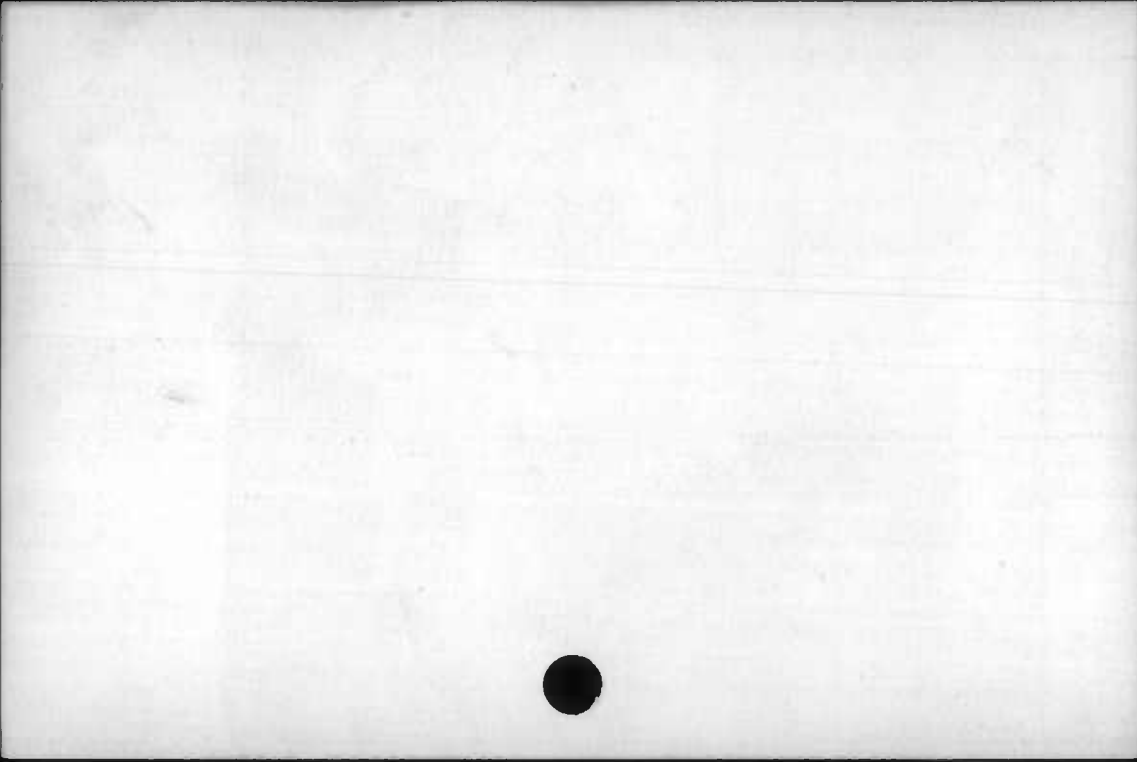
Signature of
Physician

Address

A. C. Smith
Woodlawn Sta

Accident or Suicide?

—



Name in Full		Ruth Marie Keirnan				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Mt Winans		^{County} Baltimore		MARYLAND			
	Date of death	1909	Month	Aug	Day	11	Age	4
					Months	no		
					Days	15		
	Sex	female		Color or Race	white		Birth-place	Mt Winans
	Occupation	none		Where Residing if not at place of death		Mt Winans		
	Married, Single or Widowed	Single		Name of Wife or Husband		Aunt		
PHYSICIAN OR CORONER	Father's Name		James J. Keirnan		Father's Birthplace		Baltimore	
	Mother's Maiden Name		Clippie J. Dickens		Mother's Birthplace		New York	
	Name of person giving information		James J. Keirnan		How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Bronchitis		How long		One month	
	Immediate		Pneumonia		How long		8 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. J. Keirnan	
					Address		Mt Winans	
							md 13	
Accident or Suicide?								

Henry C. Branning &
St Peters Cemetery ^{son.}

AUG 12 1909

Name
in
Full

William Keith

CERTIFICATE OF DEATH

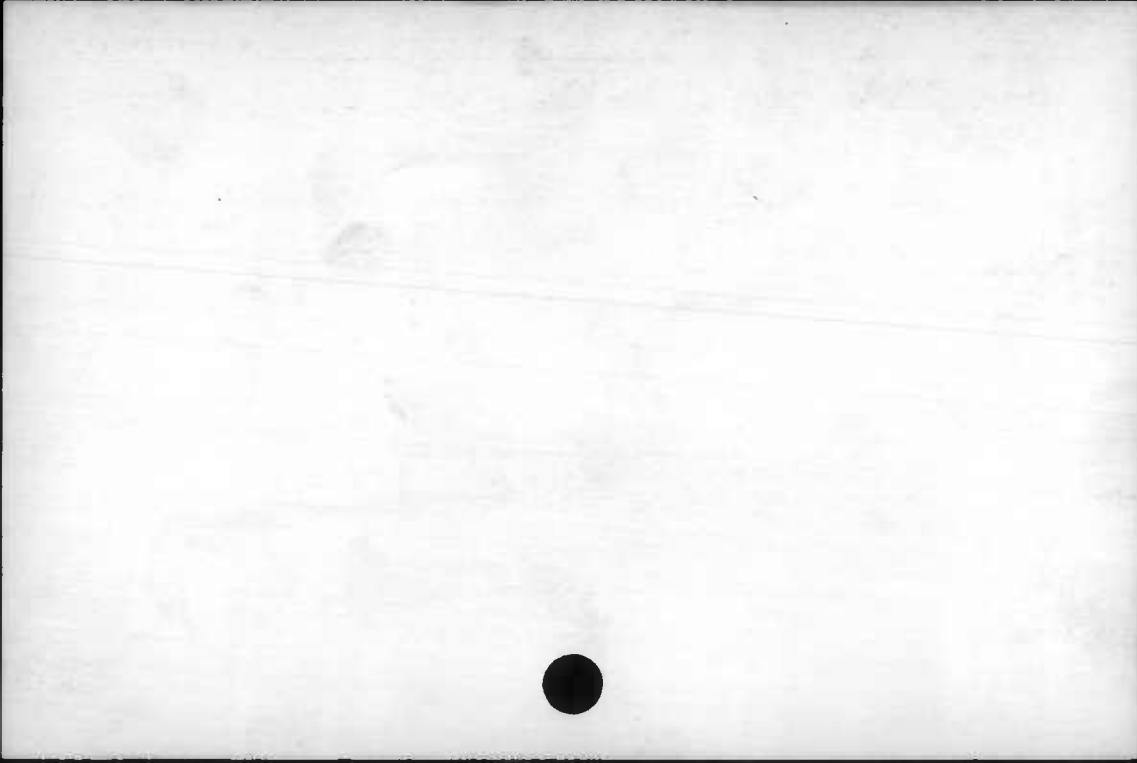
TO BE ANSWERED BY
NEAREST FRIEND

Died at Grays ^{Town}		Balt ^{County}		MARYLAND	
Date of death 1907	Month Aug	Day 7	Age -	Months -	Days 3 weeks
Sex Male	Color or Race White		Birth-place Maryland		
Occupation none	Where Residing if not at place of death Grays				
Married, Single or Widowed Single	Name of Wife or Husband none				
Father's Name Robert H Keith	Father's Birthplace Md				
Mother's Maiden Name Margaret E Hood	Mother's Birthplace Md				
Name of person giving Information Robert H Keith	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Asthma		How long 157	3 weeks
Immediate	Internal haemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. B. Hornum	
yes		Address	Elmhurst, Md	
Accident or Suicide				



Name
in
Full

Sarah Jane Kelly

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hempford

Baltimore

Date

of death

190

Month

9 aug

Day

9

Age

Years

72

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Balto., Co.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Isaiah Kelly

Father's
Name

Isaac Harris

Fether's
Birthplace

Balto Co

Mother's
Maiden Name

Maria Hammond

Mother's
Birthplace

Balto Co

Name of person giving
Information

Clara Ayers

How related
to deceased

Grand-Daughter

CAUSES OF DEATH

Primary

Paresis

How long

One year

Immediate

Paralysis with Coma

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. R. Mitchell

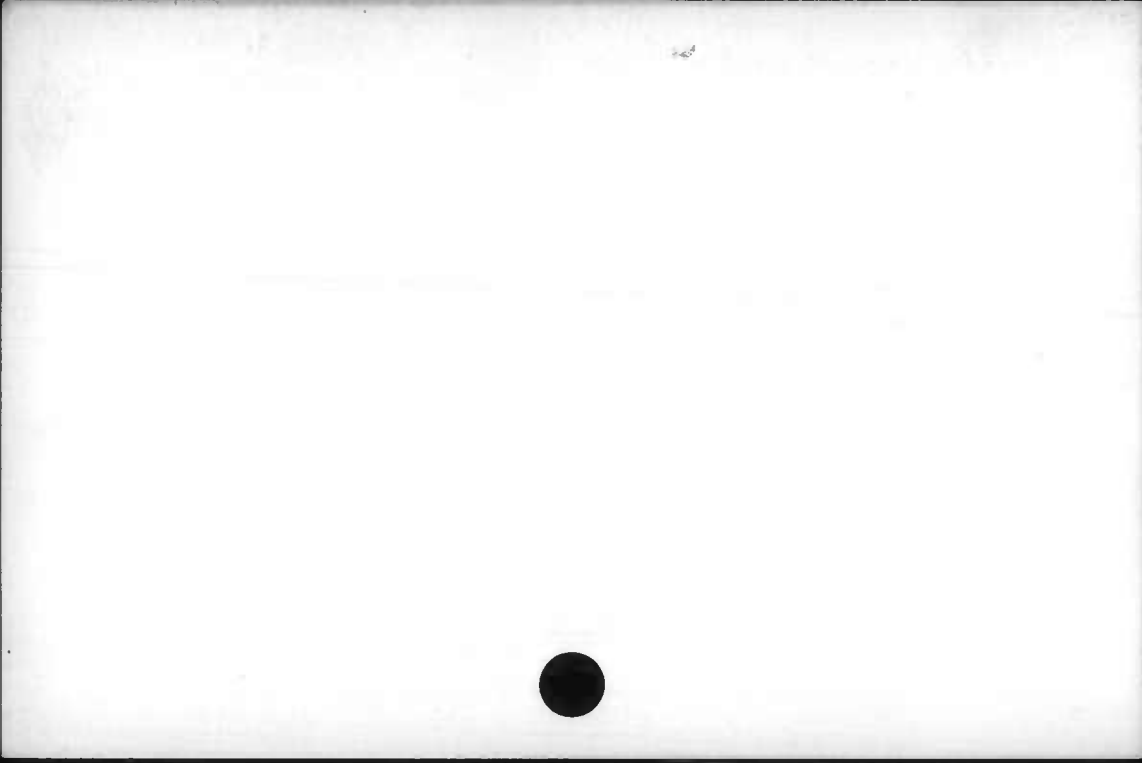
Address

Wornton, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Louis John Kirzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Viola</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>8</i> ^{Day} <i>21</i>		Age <i>47</i> ^{Years}		<i>6</i> ^{Months} <i>8</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Butcher</i>		Where Residing if not at place of death <i>Wilhelm Park</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or husband <i>Julia Smoeker</i>			
Father's Name <i>Caspar Kirzel</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Heronemus</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Sophia Derr</i>		How related to deceased <i>Sister in Law</i>			

CAUSES OF DEATH

172

X

PHYSICIAN
OR CORONER

Primary <i>Accidental Drowning</i>	How long <i>—</i>
Immediate <i>Accidental Drowning</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank A. Bond</i>
	Address <i>Coroner</i>
Accident or Suicide? <i>Accident</i>	<i>Hatthorpe P. O.</i> <i>13</i>

Nicholas Frink

Western Cemetery

Name
in
Full

Brylyn P. Kirwan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>West Arlington</i>		^{County} <i>Balto.</i>		MARYLAND	
Date of death <i>1909</i>	^{Month} <i>8</i>	^{Day} <i>2</i>	^{Years} <i>5</i>	^{Months} <i>5</i>	^{Days} <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Harry Eugene Kirwan</i>			Father's Birthplace <i>Balto. Md.</i>		
Mother's Maiden Name <i>Schildwachter</i>			Mother's Birthplace <i>Balto. Md.</i>		
Name of person giving Information <i>Otto Schildwachter</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>About 11 days</i>
Immediate <i>uraemia</i>	How long <i>" 2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry Russell M.D.</i>
	Address <i>West Arlington, Maryland.</i>
Accident or Suicide?	<i>3</i>

Wm J. Screening
understand

Western Cemetery =

Permit issued -

Aug 23-09 (11⁴⁵ P.M.)

Name
in
Full

Summerfield R. Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St. Helena* ^{Town}*Balt.* ^{County}

MARYLAND

Date

of death 1907

Month

Aug

Day

10

Age

Years

1

Months

2

Days

-

Sex

*Male*Color or
Race*White*Birth-
place*Shell Road*

Occupation

*None*Where Residing if not
at place of death*St. Helena*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*Frank Klein*Father's
Birthplace*Pa*Mother's
Maiden Name*Clara Harris*Mother's
Birthplace*Pa*Name of person giving
Information*Frank Klein*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

Twenty days

Immediate

Exhaustion

How long

*Two days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*A. K. Pettelmanns.
Sparrows po.
Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

1-1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sundalk

Town

Baltimore

County

MARYLAND

Date

of death 1909

Month

Aug

Day

14

Years

Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Janislau Koczkodaj

Father's
Birthplace

Poland

Mother's
Maiden Name

Margaret Tarkusky

Mother's
Birthplace

Poland

Name of person giving
Information

Janislau Koczkodaj

How related
to deceased

Father

CAUSES OF DEATH

Primary

Fractured Skull due
to fall

How long

164

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. S. Sudling
3323 E. Baltimore StPHYSICIAN
OR CORONER

Accident or Suicide

Under taker

N^o 24 Lialkousk.

Holy. Rosary Cemetery
in Balto Co

Name
in
Full

Kate Kolowinski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Vernon		County Baltimore		MARYLAND	
Date of death	1909	Month Aug	Day 19	Age -	Years -	Months 6	Days -
Sex Female	Color or Race White		Birth-place Baltimore				
Occupation Infant	Where Residing if not at place of death Baltimore						
Married, Single or Widowed -	Name of Wife or Husband -						
Father's Name Peter Kolowinski	Father's Birthplace Not known						
Mother's Maiden Name Mt. Kuman	Mother's Birthplace " "						
Name of person giving information Mrs. Kolowinski	How related to deceased Widow						

CAUSES OF DEATH

119

How long

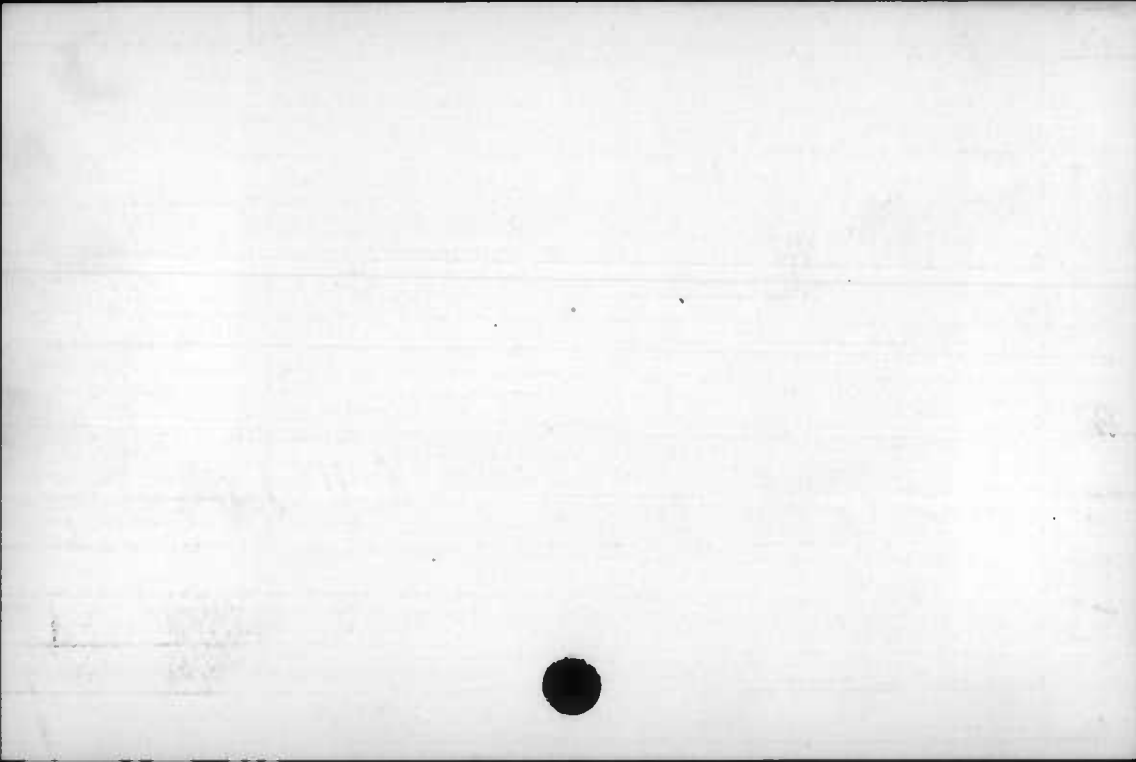
4 weeks

How long

4 "

PHYSICIAN
OR CORONER

Primary nephritis, glomerulonephritis	Signature of Physician J. M. Kuman
Immediate nephritis	Address Mt. Vernon
Are the name, age, sex, color, date and place correctly given above?	
Accident or Suicide?	



Name
in
Full

Margaret B. Kremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Highlandtown Balto

MARYLAND

Date

of death

1908 Aug

Day

10th

Age

Years

1

Months

4

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing ~~not~~
at place of death

32 42 Foster Ave

Married, Single
or Widowad

Single

Name of Wife or
Husband

Father's
Name

Henry Kremer

Father's
Birthplace

Balto. Co.

Mother's
Meiden Name

Margaret Goeb.

Mother's
Birthplace

Germany

Name of person giving
Information

Henry Kremer

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Macosm
Gastro Enterity. Asthenia.

How long

4 Mos.

Immediate

How long

Gen. decomp.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

W. E. McClanahan M.D.

Address

4619 S. Clinton St.

Accident or Suicida

PHYSICIAN
OR CORONER

Lilly and Geiler

Undertakers

Aug 12th 1909

Sacred Heart Cemetery

Name
in
Full

Ferdinand W. Kunkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	31	3	5	18	
Sex	Male		Color or Race	White		Birth-place	Balto Co
Occupation	none		Where Residing if not at place of death		105 S 1 st St.		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	John F. Kunkel				Father's Birthplace	Pa.	
Mother's Maiden Name	Lillian A. Geist				Mother's Birthplace	" "	
Name of person giving Information	John F. Kunkel				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lymphoid. Fever	How long	21 days &
Immediate	Cerebral	How long	7-8 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Kemp	
Address		8 W 25 th St Baltimore	
Accident or Suicide			

Shrewsbury
Penna.

Herrigson

9/1/09

Name
in
Full

Emma V Leach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *West-Forest-Park*

Town

Balto.

County

Date of death *1909 Aug. 31*

Month

Day

Age *61*

Years

Months

Days

Sex *7*Color or
Race*white*Birth-
place*Baltimore Md*

Occupation

*Janitor*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Charles Leach*Father's
Name*Ephraim Kumbacher*Father's
Birthplace*Unknown*Mother's
Maiden Name*Adaline E. Osborne*Mother's
Birthplace*Unknown*Name of person giving
In formation*E. E. Leach*How related
to deceased*Son*

CAUSES OF DEATH

*40*PHYSICIAN
OR CORONER

Primary

Creosote of Stomach

How long

12 years

Immediate

How long

*12 years*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Ira L. Fetterhoff*Address *IRA. L. FETTERHOFF, M. D.*

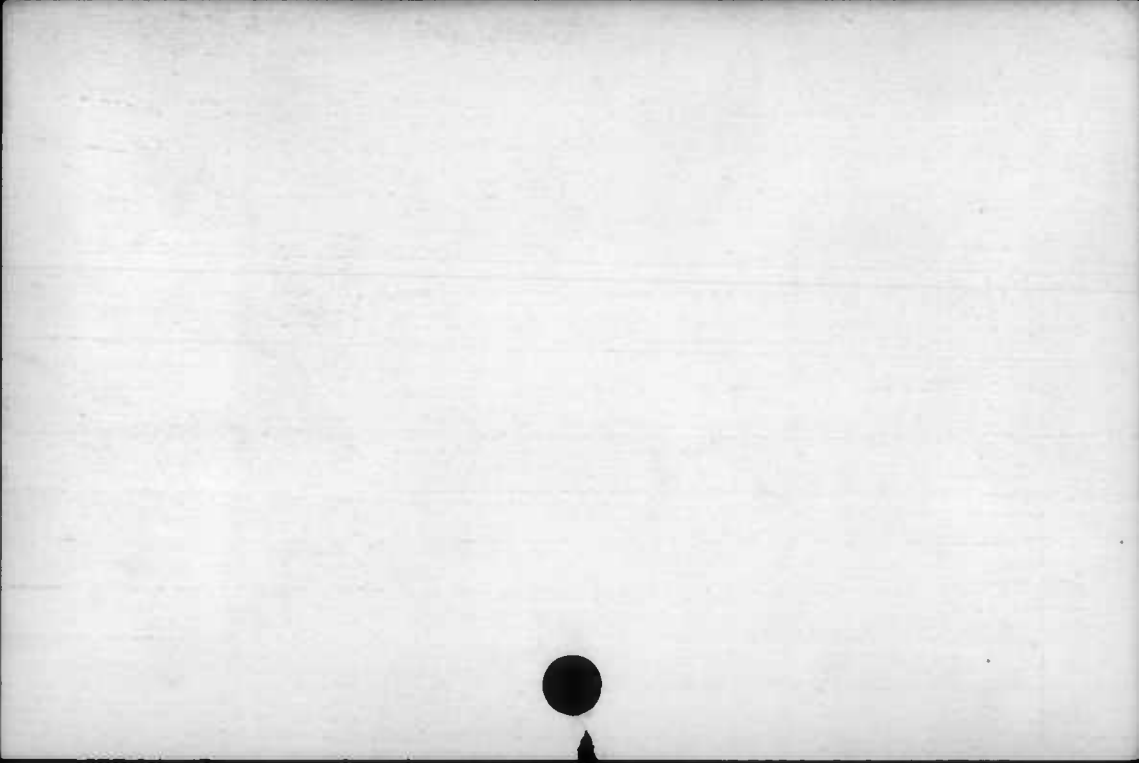
Accident or Suicide?

No

N. E. Cor. Lafayette & Carrollton Aves.

BALTIMORE, MD. U.S.A.

Baltimore, Md. U.S.A. 1909



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas W. Leach
 Town Palapscok County Balto
 Died at
 Date of death 1909 Aug 5 Age 17
 Sex Male Color or Race White Birth-place Md
 Occupation None Where Residing if not at place of death 635 Madison
 Married, Single or Widowed Single Name of Wife or Husband None
 Father's Name Thomas Leach Father's Birthplace Md
 Mother's Maiden Name Ann Walker Mother's Birthplace Pa
 Name of person giving Information Thomas Leach How related to deceased Father

CAUSES OF DEATH

Primary

Accidental Drowning

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Sudler MD
 335 3rd Balto St
 Highlandtown

Accident or Suicide

Wm Cook
Undertakers
North Ave & Greenmount

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lehr, Frederick William
Towson, (Sheppardstop) Baltimore County *Baltimore*

Died at *Towson, (Sheppardstop) Baltimore* MARYLAND

Date of death *1909 August 27* Age *38*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Broker* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Robert Lehr* Father's Birthplace *Germany*

Mother's Maiden Name *Mary E. Moore* Mother's Birthplace *Virginia*

Name of person giving Information *Robert O. Lehr* How related to deceased *Brother*

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary *Paresis* How long *About four yrs.*

Immediate *Status Epilepticus, Exhaustion* How long *one week.*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *D. Burgess Cornell*

Address *Towson*

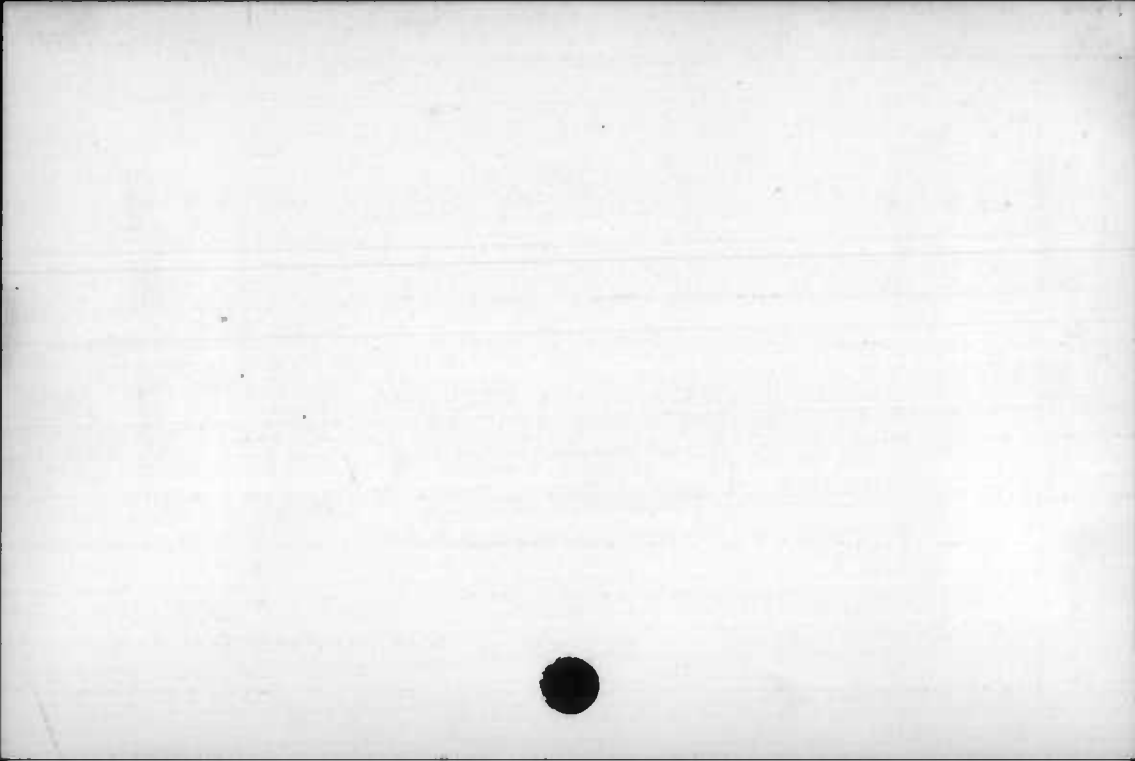
Accident or Suicida _____

H. W. Jenkins & sons co
Undertakers

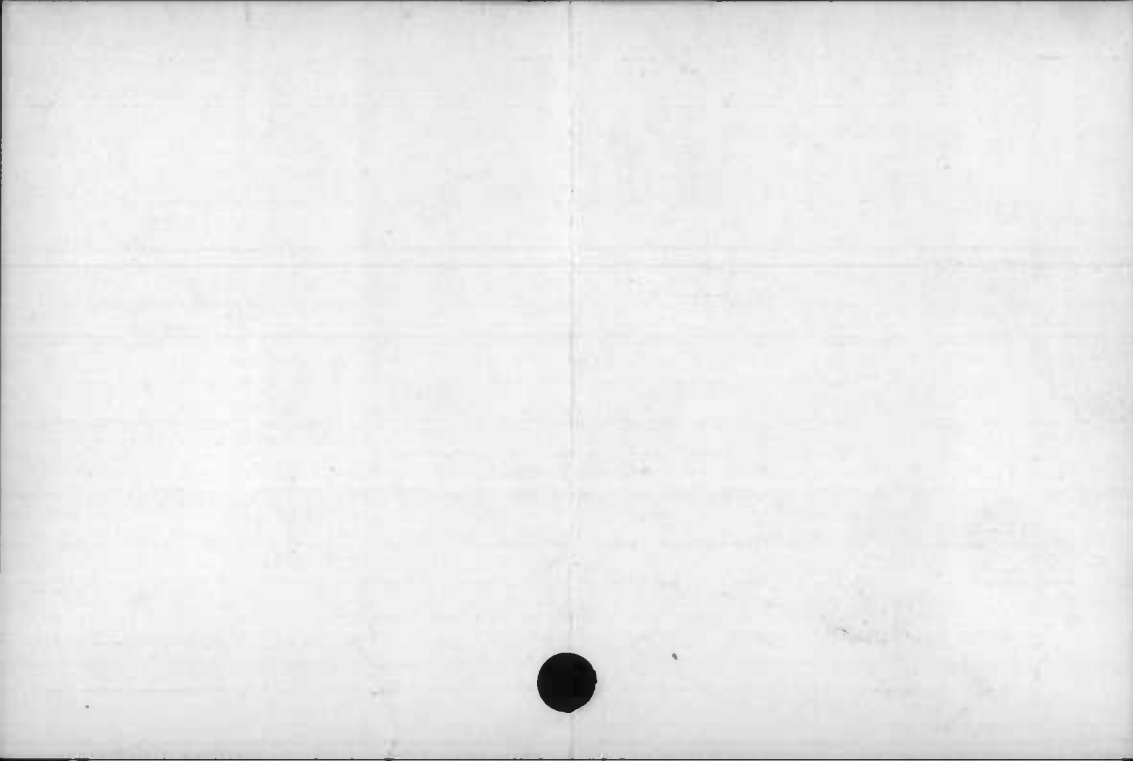
Place of interment
Greenmount Cem Balt

Name in Full		Celia Lifshutz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	1904		Aug	7	—	—	8
	Sex		Color or Race		Birth-place		
	Female		White		Baltimore		
	Occupation		Where Residing if not at place of death				
	Infant		Baltimore				
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Myer Lifshutz				Father's Birthplace	
Mother's Maiden Name		not known				Mother's Birthplace	
Name of person giving information		Mrs. Lifshutz				How related to deceased	
						Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Elephantiasis				5 weeks		
	Immediate				How long		
	"				5 "		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address			
				J. H. M. K. M. D.			
				222 W. 12th St.			
Accident or Suicide?							

105



Name in Full		Henry J. Lins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Blenheim		Balto.		MARYLAND	
	Date of death	1909	Aug.	12	Age	45	18
	Sex	Male		Color or Race	White		
	Occupation	Carpenter		Birth-place	Balto. Co. Md.		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife	Lydia Lins (nee Gilbert)		
	Father's Name	George Lins		Father's Birthplace	Germany		
PHYSICIAN OR CORONER	Mother's Maiden Name	Frederica Seidel		Mother's Birthplace	"		
	Name of person giving information	Chas. Lins		How related to deceased	Brother		
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(27)</div>						
PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis			How long	Three years	
	Immediate	"			How long	"	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?			John A. Lins Sitting Md. 10				



Name
in
Full

Paul S. Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Washington		County Batts.		MARYLAND	
Date of death		Month 8	Day 13	Years 63		Months 8	Days 9
Sex Male		Color or Race White		Birth- place Md			
Occupation Laborer				Where Residing if not at place of death Mt Washington Md.			
Married, Single or Widowed Widowed		Name of Wife or Husband Eliza Jane Lloyd.					
Father's Name Andrew Lloyd.		Father's Birthplace Md.					
Mother's Maiden Name Rachel Robinson		Mother's Birthplace Md.					
Name of person giving In formation Laura Thomas		How related to deceased daughter					

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary	Locomotor Ataxia - Endocarditis	How long 10 months
Immediate	Apnoria	How long
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician Wilmer C. Ensor M.D.		
Address Cockeysville		
Accident or Suicide?		
No		Md. 9

W.C. Brooks

Philopoli Ad

to Sparks

Aug. 15-1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Lochte</i>		Town <i>Mt. Washington</i>		County <i>Ballo. co. Md.</i>		MARYLAND	
Died at <i>Mt. Washington</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>6</i> Years <i>17</i> Months <i>17</i> Days	
Date of death <i>1909 Aug 15</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Ballo. Co.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Mt Washington</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None.</i>					
Father's Name <i>Frank Lochte</i>		Father's Birthplace <i>Ballo. Co.</i>					
Mother's Maiden Name <i>Jeda Ritter</i>		Mother's Birthplace <i>Ballo. Co.</i>					
Name of person giving Information <i>Frank Lochte</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus.</i>		How long <i>Several months</i>	
Immediate <i>Inanition</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. Burton Thomson</i>	
		Address <i>Riden, Md</i>	
Accident or Suicide			

John Burrows
Tinsley

Interment in
St Mary's
Gowans

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Roland E. Lomax*

Died at *Highlandtown* Town *Baltimore* County

DATE of death 1909 *Aug* Month *18* Day Age *—* Years Months *—* Days *12*

Sex *Male* Color or Race *White* Birth place *Balto County*

Occupation *None* Where Residing if not at place of death *—*

☒ Married, Single ☐ or Widowed Name of Wife or Husband *—*

Father's Name *Ernest J. Lomax* Father's Birthplace *Delaware*

Mother's Maiden Name *Rosemond Ayres* Mother's Birthplace *New Jersey*

Name of person giving information *Ernest J. Lomax* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long *151*

Immediate

How long *151*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *M. J. Gately, M.D.*Address *111 P. St. & a driveway*

Accident or Suicide?

Christian Miller
2334 Jefferson st

1st Evangelical Cemetery
August 20-1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Frederick Lumber

Died at ^{Town} *St. Agnes' Hospital* ^{County} *Baltimore* **MARYLAND**

Date of death *1909* ^{Month} *Aug.* ^{Day} *18* ^{Years} *21* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Ship Carpenter* Where Residing if not at place of death *1615-Belt Ave*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs. J. F. Lumber.*

Father's Name *Middleton B. Lumber* Father's Birthplace *Md.*

Mother's Maiden Name *Dora Benzge* Mother's Birthplace *Md.*

Name of person giving information *Middleton B. Lumber* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *18 days*

Immediate *Aspiration & Peritonitis* How long *2 days.*

Are the name, age, sex, color, date and place correctly given above?

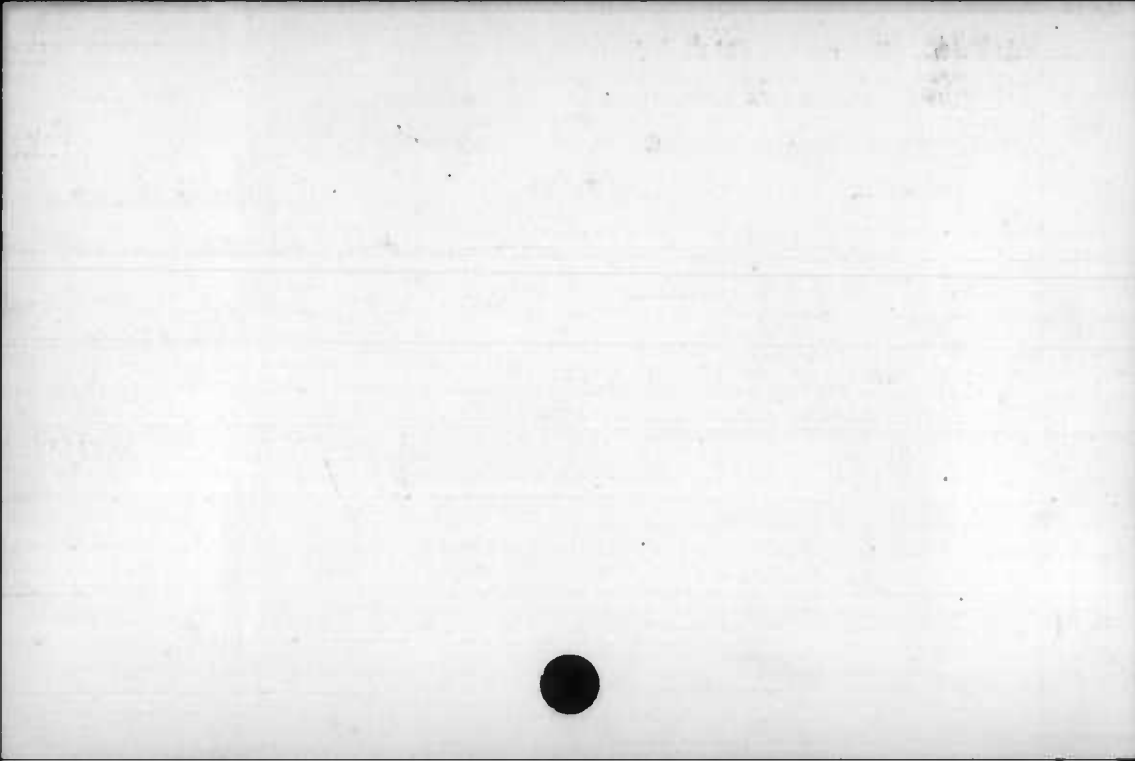
Signature of Physician

Address

Allen Graham M.D.

St Agnes Hospital.

Accident or Suicide?



Name
in
Full

Norman Stuart Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>8</i>	Day <i>26</i>	Age <i>6</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>3706 E Broad.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Lyons</i>			Father's Birthplace <i>Balto Co Md.</i>		
Mother's Maiden Name <i>Nannie Talbott</i>			Mother's Birthplace <i>Balto Co Md.</i>		
Name of person giving information <i>John Lyons</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pleural Pneumonia</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas L. Priddy M.D.</i>
<i>No</i>	Address <i>34 Gough Highlandtown Md.</i>
Accident or Suicide? <i>No</i>	

H. E. Hughes

17. A Broadway

Western Cemetery

Aug 28 1909

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Groome</i> Town		<i>Barto</i> County		MARYLAND	
	Date of death <i>1909 Aug</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>9</i> Years	Months <i>9</i> Days <i>--</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Barto Co</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
	Father's Name <i>Quinn B. McEntire</i>	Father's Birthplace <i>Waverly</i>				
	Mother's Maiden Name <i>Mary A. E. Barto</i>	Mother's Birthplace <i>Groome</i>				
Name of person giving information <i>Quinn B. McEntire</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	<i>Birth</i>		How long <i>always frail</i>		
	Immediate <i>Enteric</i>	<i>Culitis</i>		How long <i>3 wks.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. H. McEntire</i>			
			Address <i>Sta. H. Barto Co</i>			
	Accident or Suicide?					

105

St. Mary's Cemetery
Gorans

Martin Fahy & Sons
Undertakers

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lanmarville</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1909	Month <i>Aug</i>	Day <i>21</i>	Age <i>64</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Occupation <i>House wife</i>		Where Residing if not at place of death <i>a 2 place of death</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Patrick McNeil</i>					
Father's Name <i>Patrick Murphy</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary A. Smith</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving In formation <i>Wm Dunn</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>1 wk.</i>
Immediate	<i>Debility</i>	How long	<i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Geary Q. King, M.D.</i>	
Address		<i>Hamill St.</i>	
Accident or Suicide?		<i>No</i>	

Balto. Ceme.
Aug 24"/09

Wendell Lippel Serv

37 S. Ann St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

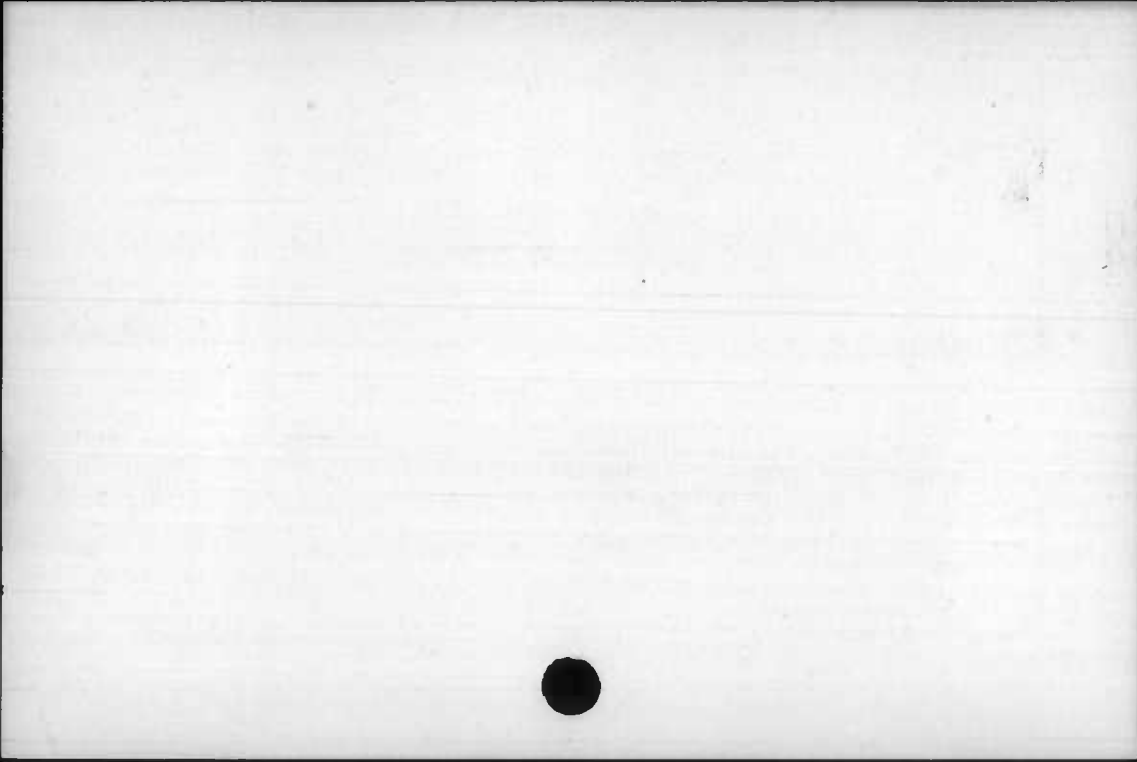
Died at		Town <i>W. Wilson</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	1909	Month <i>Aug.</i>	Day <i>7</i>	Age	Years —	Months <i>3</i>	Days —
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death		<i>Baltimore</i>	
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name <i>William McSweeney</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace			
Name of person giving information <i>Mrs Mc Sweeney</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Intestinal</i>	How long	<i>2 hrs.</i>
Immediate	<i>Dyspepsia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. [illegible]</i>	
		Address <i>W. Wilson Rd</i>	
Accident or Suicide?			




Name
in
Full

CERTIFICATE OF DEATH

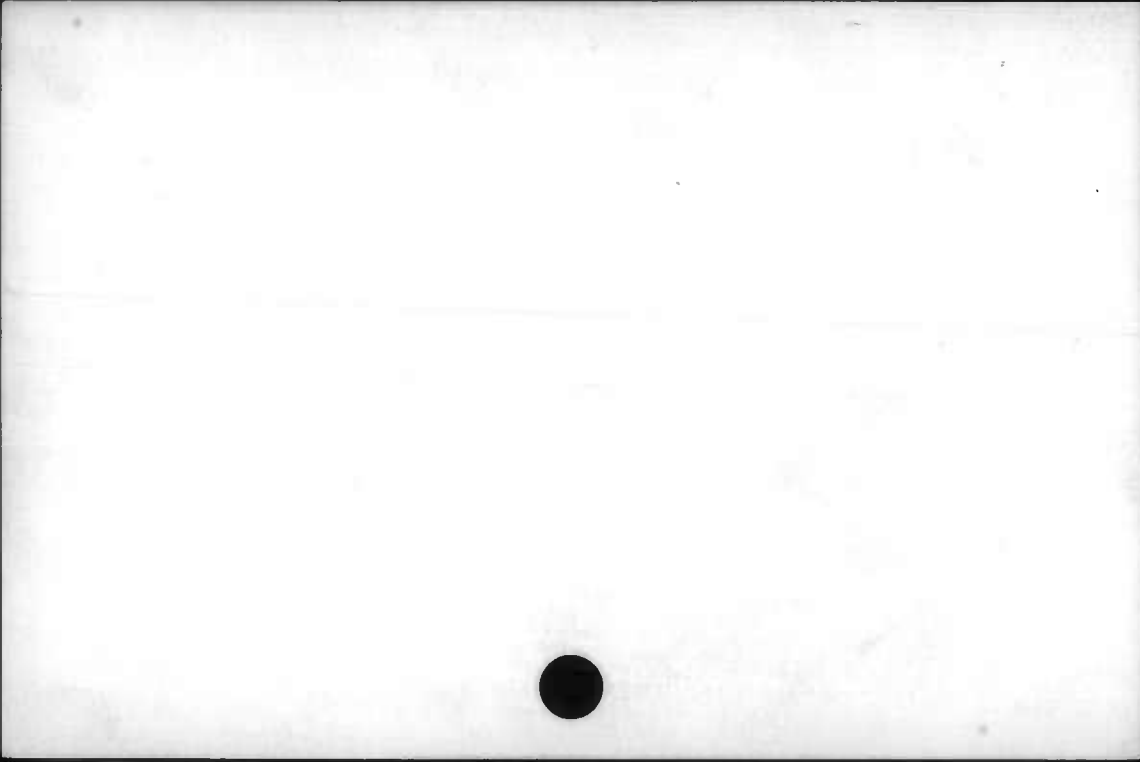
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Martha Loretta Madden</i>		Town <i>Owings Mills</i>		County <i>Balto.</i>		MAYLAND	
Died at <i>Owings Mills</i>		Month <i>Aug</i>		Day <i>30</i>		Years <i>8</i>	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>30</i>		Years <i>8</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth- place <i>Owings Mills</i>		Days <i>2</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>Asbury Madden</i>		Father's Birthplace <i>St. Georges Balto. Co. Md.</i>					
Mother's Maiden Name <i>Evelyn Norris</i>		Mother's Birthplace <i>Owings Mills</i>					
Name of person giving Information <i>Asbury Madden</i>		How related to deceased <i>Half sister</i>					

CAUSES OF DEATH

Primary <i>Dysentery</i>	How long <i>105</i>	How long <i>15 days</i>
Immediate <i>Cholera infantum</i>	How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Goss M.D.</i>	Address <i>Reisterstown Md.</i>
		
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Maryann Mock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

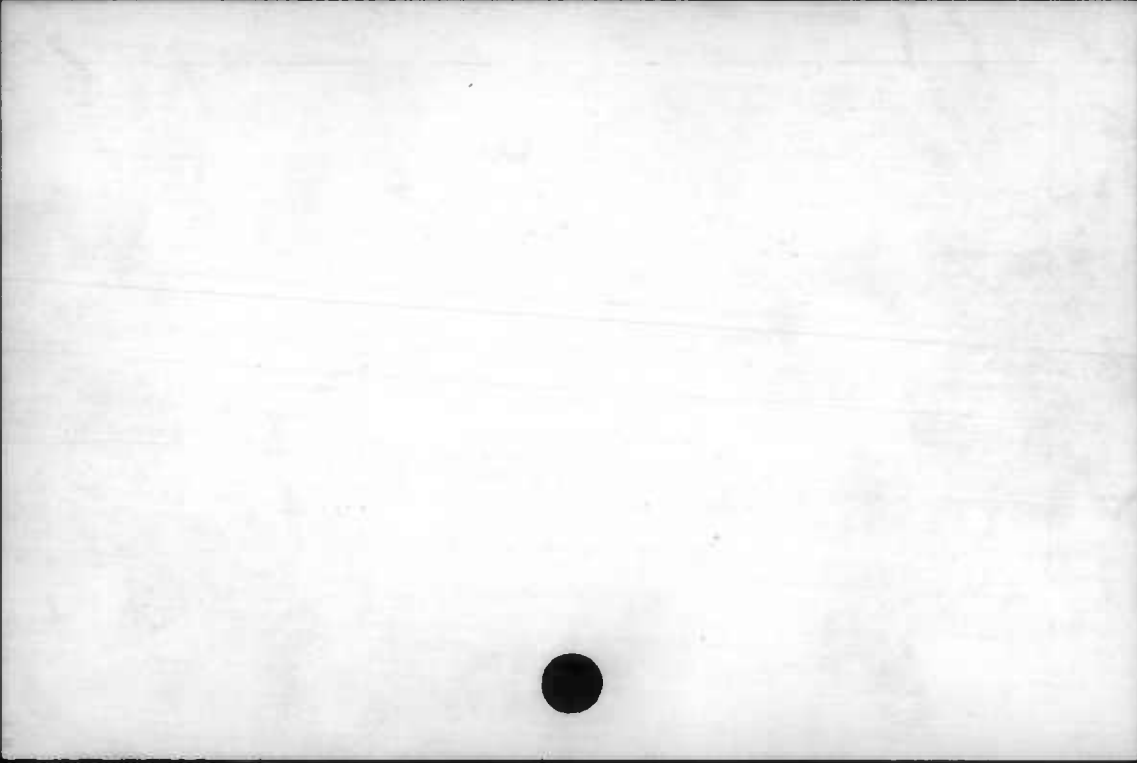
Died at <i>Ellicott City</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1909 Aug. 6</i>	^{Month}	^{Day}	Age <i>71</i>	^{Years}	^{Months} ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>House duties</i>	Where Residing if not at place of death <i>C</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Godfrey Mock</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>Mafinda Delosier</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>John Delosier</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary <i>Elephantiasis</i>	How long <i>30 years</i>
Immediate <i>Erysipelas</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Byrne</i>
	Address <i>Ellicott City</i>
Accident or Suicide <i>/</i>	



Name
in
Full

Alice Montgomery

CERTIFICATE OF DEATH

Died at

Town
Mr. Helen

County

Baltimore Co.

MARYLAND

Date

of death 1909

Month

Aug

Day

7

Years

Age

1 -

Months

4 -

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Infant

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

John Montgomery

Father's
Birthplace

Md. Penn

Mother's
Maiden Name

Mrs. Krumm

Mother's
Birthplace

" "

Name of person giving
information

Mrs. Montgomery

How related
to deceased

Mother

CAUSES OF DEATH

119

X

Primary

Nephritis; dyspeptic disorder

How long

4-8 weeks

Immediate

Nephritis

How long

4-8 "

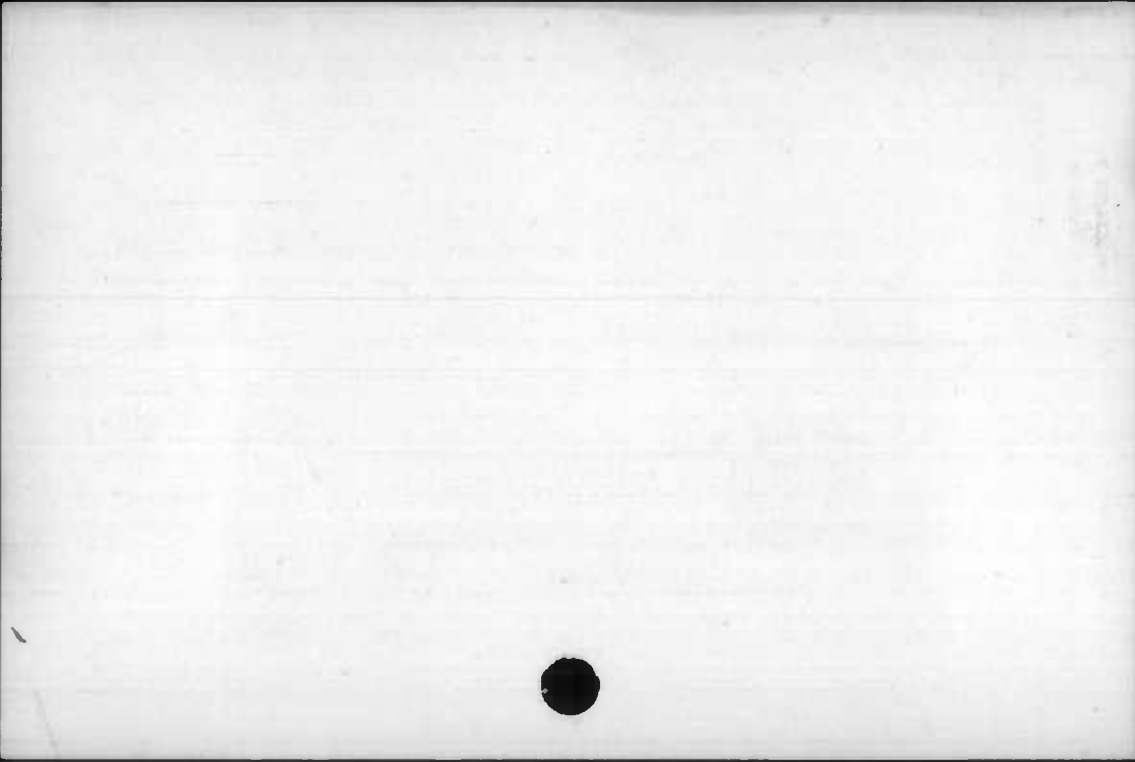
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. D. Krumm, Jr. M.D.
Mr. W. Krumm

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alice Moore

CERTIFICATE OF DEATH

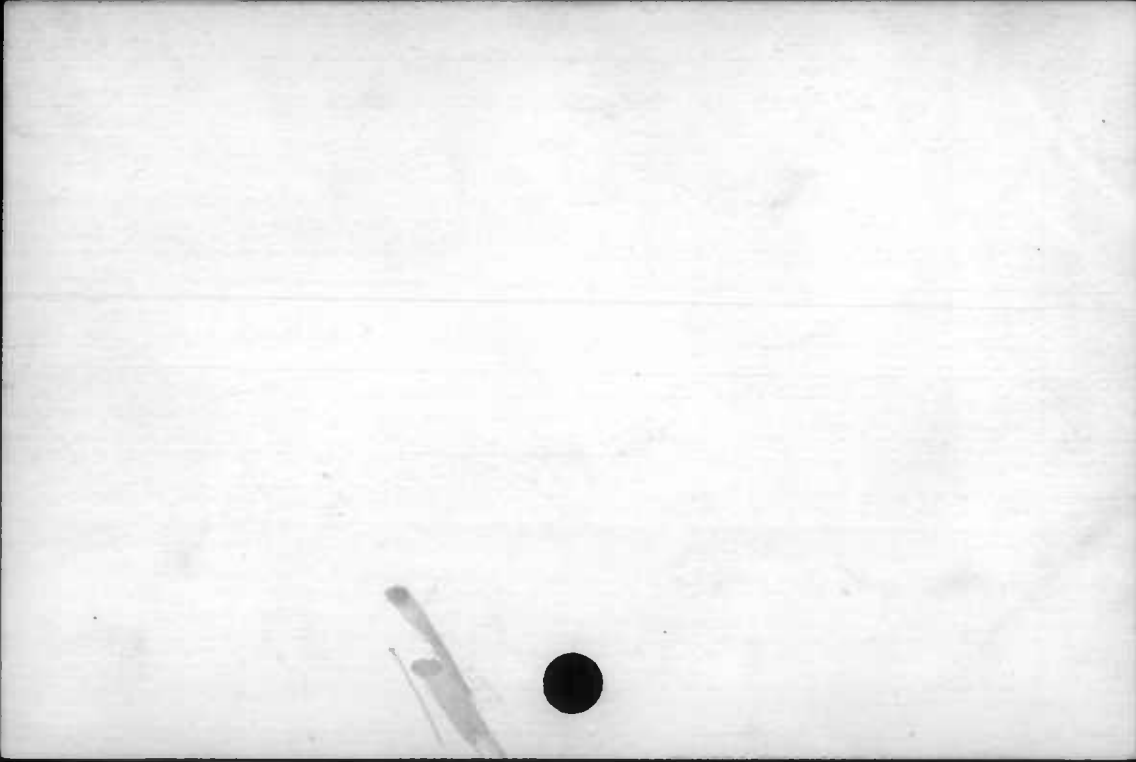
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>25 Hayward Ave</u>		Town <u>Balto</u>		County <u>Balto</u>		MARYLAND							
Date of death <u>1909</u>		Month <u>8</u>		Day <u>8</u>		Age <u>19</u>		Years <u>10</u>		Months <u>12</u>		Days <u>12</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Balto</u>									
Occupation <u>-</u>		Where Residing if not at place of death <u>25 Hayward Ave</u>											
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>											
Father's Name <u>Thos Moore</u>		Father's Birthplace <u>Md.</u>											
Mother's Maiden Name <u>Mary Powers</u>		Mother's Birthplace <u>Md.</u>											
Name of person giving Information <u>Thos. Moore</u>		How related to deceased <u>27</u>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>		How long <u>6 Mos</u>	
Immediate <u>Exhaustion</u>		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. J. Powers MD</u>	
		Address <u>2571 E Preston Balto</u>	
Accident or Suicida			



Name
in
Full

Charles Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

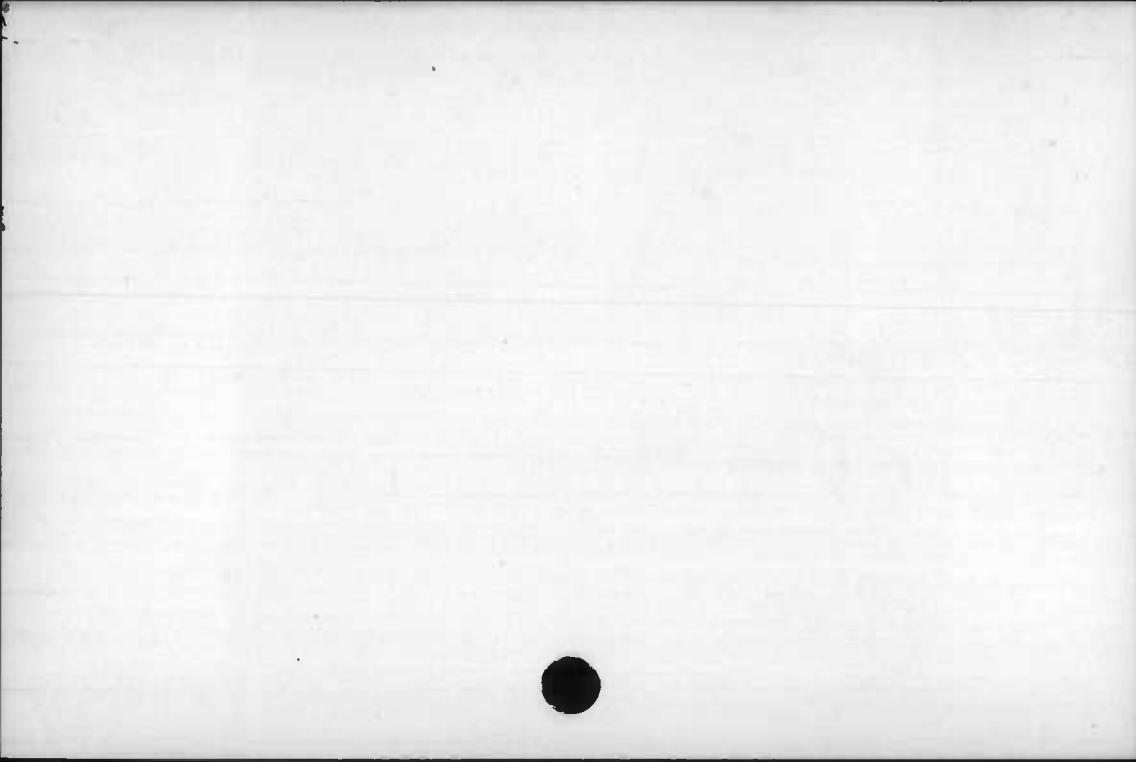
Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	5				12
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation				Where Residing if not at place of death			
Super				Baltimore			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
William Morgan				Not known			
Mother's Maiden Name				Mother's Birthplace			
Not known				" "			
Name of person giving information				How related to deceased			
Mr. Morgan				Father			

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary		How long	
Stroke Infection		3 months Life	
Immediate		How long	
—		3 —	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. K. M. D.	
		Address	
		700 W. 11th St. M.D.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Carroll Monsberger
Died at *Calonsville* Town *Baltimore* County

MARYLAND

Date of death 190 *9* Aug Month *21* Day Age *17* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Calonsville Md.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Edward M. Monsberger* Father's Birthplace *Baltimore Co.*

Mother's Maiden Name *Mary Jane Copley* Mother's Birthplace *Howard Co Md.*

Name of person giving Information *Edward M. Monsberger* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera & fainting*

How long

Immediate *Collapse*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Arthur H. Munnich, M.D.*

Address *Calonsville Md.*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Theodore Goll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Agnes-Violetville* Town *Balto* County

Date of death 190 *4* Month *8* Day *25* Age *56* Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Laborer* Where Residing if not at place of death *2127 M^o Henry A*

Married, Single or Widowed *Single* Name of Wife or Husband *use*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving Information *Theodore Miegel* How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Burns caused by falling in water* How long *7 Hours*

Immediate *Exhaustion* How long *7 Hours*

Are the name, age, sex, color, date and place correctly given above? *August W. Miller* Physician

Address *Mr Winans*

Accident or Suicide *Accident* *Balto Co. Md 13*

PHYSICIAN
OR CORONER

Nicholas
Western
Frank
Carmel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles T. O'Connor*

Died at *Highland* Town *Baltimore* County

Date of death *1909* *Aug.* Month *4th* Day *33* Years *2* Months *16* Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Clerk* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife *Kate O'Connor*

Father's Name *Timothy W. O'Connor* Father's Birthplace *Mass.*

Mother's Maiden Name *Amanda Van Horn* Mother's Birthplace *Baltimore*

Name of person giving information *Kate O'Connor* How related to deceased *Wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Parenchymatous Nephritis* How long *10 years*

Immediate *Uremic Coma* How long *1 1/2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Herrmann*

Address *3115 East Baltimore Street*

Accident or Suicide?

Dr. Hermann E. Balte & Sons
East Ave

Oak Lawn Cemetery
Hansen Sons
Aug 8. 1909

Name
in
Full

Infant of John S. x Bertrude Ott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Aug.</u>	Day <u>20</u>	Age	Months <u>11</u>	Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>John S. Ott</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Bertrude Lang</u>	Name of person giving information <u>John S. Ott</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Confinement (Dead Born)</u>	How long	<u>2x hrs.</u>
Immediate	<u>Asphyxia</u>	How long	<u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Herbert Schenck M.D.</u>	
		Address <u>1013 S. Canton St.</u>	
Accident or Suicide? <u>accident</u>			

1st Evangelical Society

Aug. 21st 1909.

H. Sanders & Son.

Name
in
Full

Irene Elizabeth Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highland ^{County} Baltimore MARYLANDDate of death 1909 ^{Month} Aug ^{Day} 17 ^{Age} ^{Years} ^{Months} ^{Days} 26

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles E. Owens Father's Birthplace Md.

Mother's Maiden Name Margaret Collins Mother's Birthplace Md.

Name of person giving Information Charles E. Owens How related to deceased Father

CAUSES OF DEATH

Primary Convulsions

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

J. S. Sudler, M.D.
3323 E. Bald St

Accident or Suicide

PHYSICIAN
OR CORONER

Mt Carmel

Aug. 18/89

H. Sander Lorn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lloyd Rayfield Payne

Died at ^{Town} Backusville ^{County} 12th

MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 7 Age ^{Years} ^{Months} ^{Days} 5Sex Male Color or Race Colored Occupation ^{Where Residing if not at place of death} ^{Birth-place} Backusville

Occupation Infants

Married, Single or Widowed Name of ~~Wife~~ or Husband

Father's Name John Henry Payne

Father's Birthplace C. Haven Md

Mother's Maiden Name Annie Smith

Mother's Birthplace Port Tobacco Md

Name of person giving information John Henry Payne

How related to deceased Father

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary Tetanus How long 36 hours

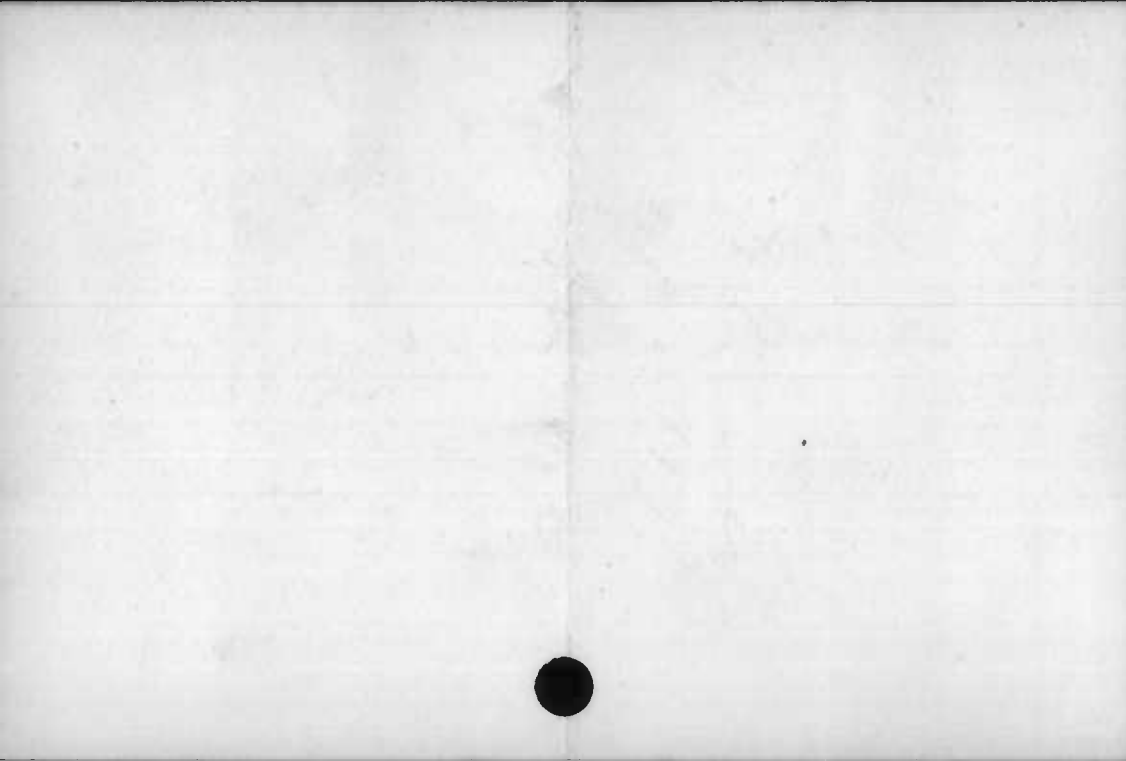
Immediate Tetanic convulsions How long 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. W. B. Benson

Address Backusville Md

Accident or Suicide?



Name
in
Full

Chas. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	190 <u>1</u> Aug	Day	<u>16</u>	Age	<u>2</u> Months <u>25</u> Days
Sex	<u>male</u>	Color or Race	<u>white</u>	Birthplace	<u>New Bedford Mass</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>402 Clinton St. Highland</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>none</u>		
Father's Name	<u>Samuel M. Perry</u>		Father's Birthplace	<u>North Carolina</u>	
Mother's Maiden Name	<u>Mora Smith</u>		Mother's Birthplace	<u>Balto Md.</u>	
Name of person giving Information	<u>Chas. Smith</u>		How related to deceased	<u>uncle</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	<u>Inanition (bottle fed)</u>	How long	<u>since birth</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Believe so</u>	Signature of Physician	<u>Wm. Wright</u>
		Address	<u>Wm. & Donnell Sts Balto Md</u>
Accident or Suicide			

William Cook

Undertaker

502 E North Ave.

Interment. Mt Carmel

Aug 17-1909

Name
in
Full

Margaret Proll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	13	48			
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind.</i>
Occupation	<i>House-wife</i>			Where Residing if not at place of death <i>109 Fifth St -</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>George Proll</i>			
Father's Name	<i>John Hoffman</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Can not find out</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving Information	<i>Mrs Annie Stahl</i>				How related to deceased	<i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Acute Bright's disease</i>		(119)	How long	<i>3 days</i>
	Immediate	<i>uraemia</i>			How long	<i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician	<i>Geo. L. P. P. M. D.</i>	
	Accident or Suicide		<i>No</i>	Address	<i>3 + Gough Highlandtown Md</i>	

Oak Lawn
Baltimore
Hewig & Co

8/16/09

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1909		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	172
Immediate		How long	6 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			

Wm. Cook
North Ave & Greenmount

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Augustus and Annie Quinn
Town Roland Park County Baltimore

Died at Roland Park Baltimore
Date of death 1909 Aug 20 Age Still birth
Month Day Year Months Days

Sex male Color or Race white Birth-place Roland Park

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Augustus J. Quinn

Father's Name Augustus J. Quinn Father's Birthplace Baltimore

Mother's Maiden Name Annie Rooney Mother's Birthplace Baltimore

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary Stillbirth - 8 1/2 months How long

Immediate Perinatal - Cause unknown How long

Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician H. Hampton Jones M.D.
Address 2529 St. Paul St Baltimore

Accident or Suicide
OFFICE SUPPLY CO 2364

PHYSICIAN
OR CORONER

Henry W. Means ^{4th} Son, Funeral Director

Cathedral Cemetery - Place of burial

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Quinn</i>		Town <i>Texas</i>		County <i>Baltimore</i>	
Died at <i>Texas</i>					
Date of death <i>1909 Aug 29</i>	Month <i>Aug</i>	Day <i>29</i>	Age <i>60</i>	Years <i>60</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Domestic</i>	Where Residing if not place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Patrick Quinn</i>				
Father's Name <i>J. Mulvey</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mulvey</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mrs Quinn</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Pleurisy</i>	How long <i>1 week</i>
Immediate <i>Metastatic Involvement</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Barry</i>
	Address <i>Texas Md.</i>
Accident or Suicide?	

Funeral from st.
Josephs Church Texas Mo
Wednesday Sept 1, 1909
St. C. Brooke
Rev. J. M. L.

Name
in
Full

Robert Balhugal Railton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Howardville

Town

Balto

County

MARYLAND

Date

of death 1909 Aug

Month

Day

26th

Years

Age 62

Months

5

Days

24

Sex

male

Color or
Race

white

Birth-
placeKilmarnock
Scotland

Occupation

naval engineer

Where residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Bethia Railton

Father's
Name

Robert Railton

Father's
Birthplace

Scotland

Mother's
Maiden Name

Eliza Balhugal

Mother's
Birthplace

Scotland

Name of person giving
Information

Mrs Bethia Railton

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Mitral & Aortic Insufficiency

How long

3 months

Immediate

Cardiac Asthenia

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

A. C. Semich

Woodlawn St

Med 3

Accident or Suicide

PHYSICIAN
OR CORONER

C. H. Kraft
Druid Ridge

Name
in
Full

William H. Read

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} H Camilton^{County} Baltimore

Date of death 1909 Aug

Day 14

Age 77

Months

Days 21

Sex Male

Color or Race White

Birth-place H Camilton Md

Occupation Retired

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband

Julia A Read

Father's Name Amos Read

Father's Birthplace Balto Co Md

Mother's Maiden Name Grace Read

Mother's Birthplace Balto Co Md

Name of person giving information Julia A Read

How related to deceased Wife

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis

How long 9 years

Immediate Extension of same

How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

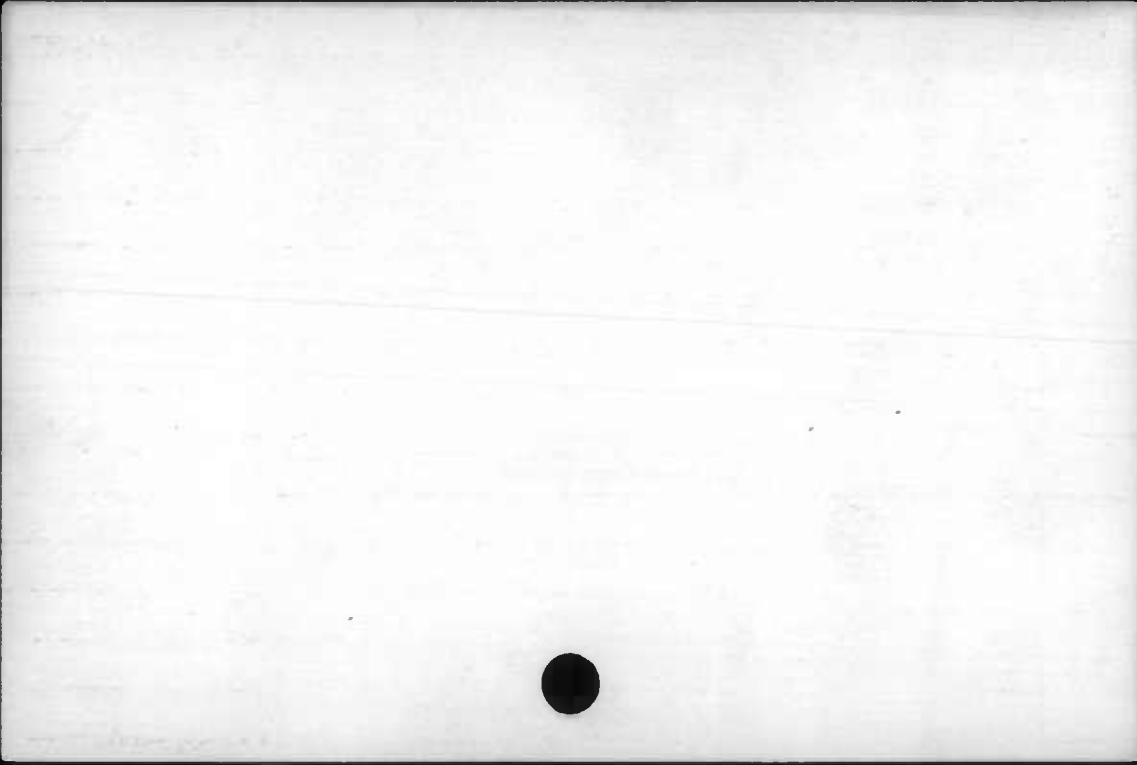
Signature of Physician

O Galpeth Darting Md

Address

Laurensville Md 14

Accident or Suicide?



Name
in
Full

Child Redman named

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catauswells</i>		Town <i>Calto.</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>20</i>	Age <i>Years</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Catauswells</i>					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband				
Father's Name <i>Clarence Redman</i>			Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Mary Bayle</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Wiley Redman</i>			How related to deceased <i>brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>I Dr. Stultz M.D.</i>
	Address <i>Catauswells, Md.</i>
Accident or Suicide?	

John Fitch

1200 N. Lombard

St. Peter

Name
in
Full

John Reisinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

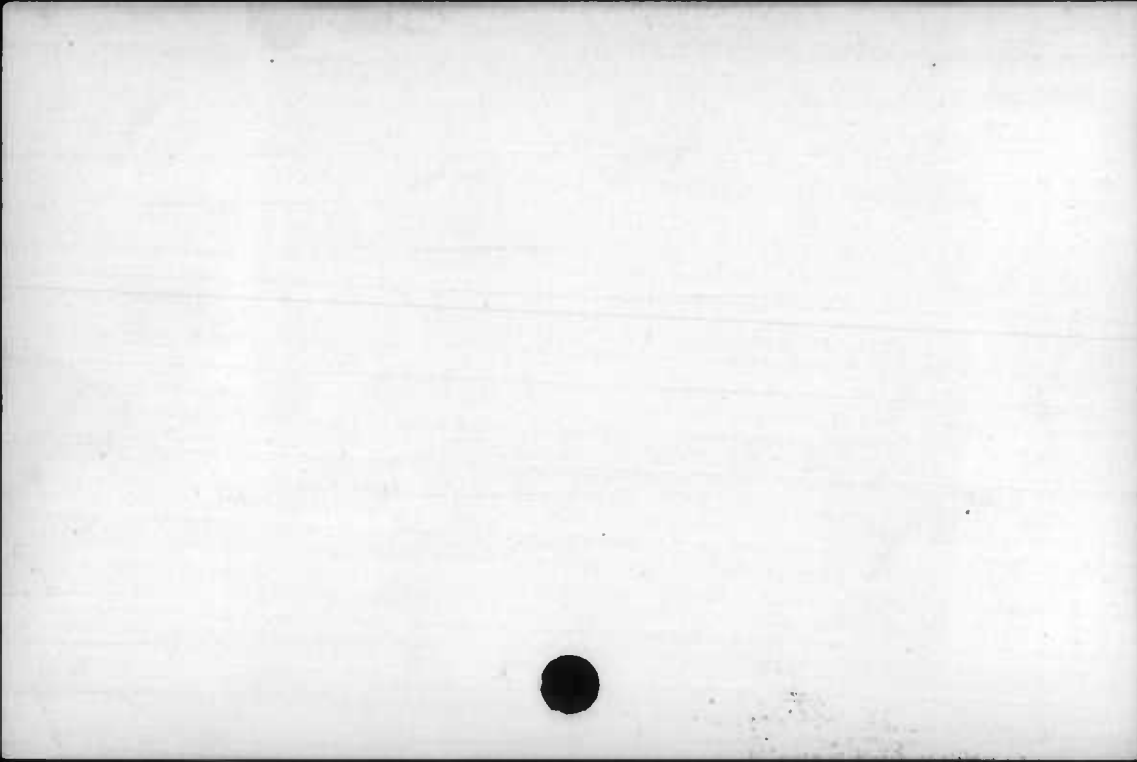
Died at		Town <i>W. H. Miller</i>	County <i>Balto. Co.</i>		MARYLAND	
Date of death	1909	Month <i>Aug.</i>	Day <i>4</i>	Age <i>—</i>	Months <i>2</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place
Occupation	<i>Seaman</i>		Where Residing if not at place of death		<i>Baltimore</i>	
Married, Single or Widowed			Name of Wife or Husband			
Father's Name				Father's Birthplace		
<i>Louis</i>				<i>W. H. Miller</i>		
Mother's Maiden Name				Mother's Birthplace		
<i>W. H. Miller</i>				<i>" "</i>		
Name of person giving In formation				How related to deceased		
<i>John Reisinger</i>				<i>" "</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Stenocarditis</i>	How long	<i>5 weeks</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. H. Miller Jr M.D.</i>	
		Address	
		<i>W. H. Miller M.D.</i>	
Accident or Suicide?			



Name
in
Full

Mary R. Remwick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore Town Chas St Ann County Beth MARYLAND

Date of death 1909 Month Aug Day 12 Age 55 Years Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Charles St Exh

Married, Single or Widowed Married Name of Wife or Husband Robert Remwick

Father's Name David Hemming Father's Birthplace Maryland

Mother's Maiden Name Mary Hitzelberger Mother's Birthplace Maryland

Name of person giving Information Deeper Remwick How related to deceased Son

CAUSES OF DEATH

Primary Bright's disease How long 1 year

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of
Physician

Address

E. M. Duncan
Gorans town

Accident or Suicide

Md.

W. J. Tickner & Son
Greenmount & Co.

Name
in
Full

Stillborn of Lizzie + Harry Richter

CERTIFICATE OF DEATH

Town

County

Died at Raspeburg

Balto.

MARYLAND

Date of death 1909 Aug.

Day

3

Age

Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Raspeburg, Ind

Occupation

Where Residing if not at place of death

Raspeburg, Ind

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Harry Richter

Father's Birthplace

Ind.

Mother's Maiden Name

Lizzie Shipley

Mother's Birthplace

Ind

Name of person giving Information

Harry Richter

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

7 month

Immediate

Still born

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

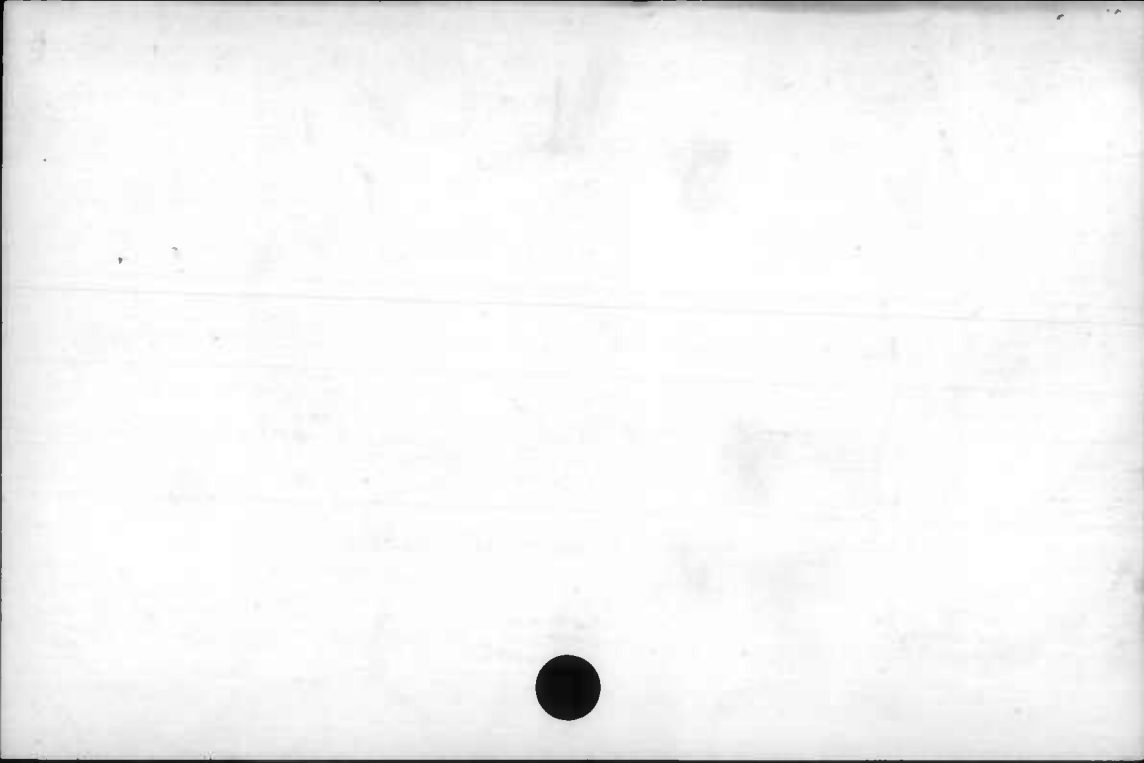
Address

W. F. Clayton M.D.
Overlea
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Spinnis Point Town Baltimore County MARYLAND
Date of death 1909 Aug Month 24 Day Age — Years Months Days
Sex Male Color or Race White Birth-place Spinnis Point
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
Father's Name Joseph Roberts Father's Birthplace Austria
Mother's Maiden Name Annie Hurs. Mother's Birthplace Austria
Name of person giving Information Joseph Roberts How related to deceased Father

CAUSES OF DEATH

Primary Still Birth. (Anencephalus) How long —

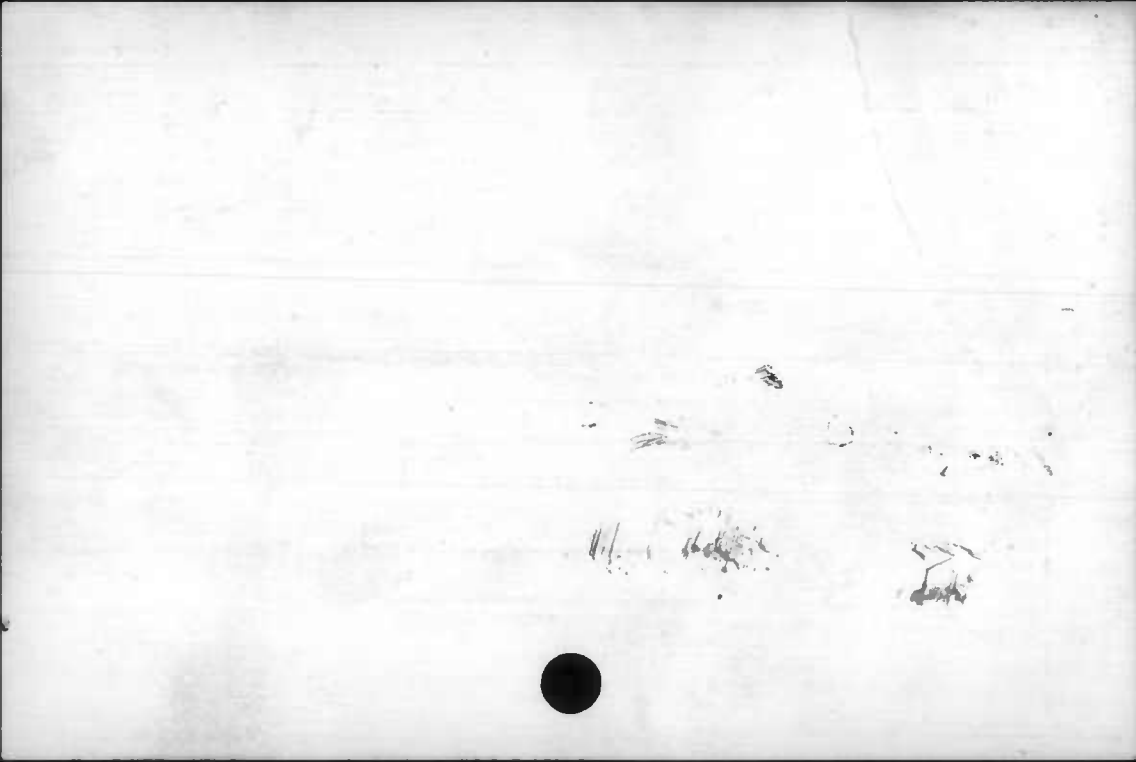
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. C. Eldred M.D.
Address Spinnis Point - Md

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Geo Robertson

Died at *Mt Wilson*

Town

Baltimore

County

MARYLAND

Date

of death 1909

Month

Aug

Day

20

Age

Years

Months

8

Days

Sex

*male*Color or
Race*white*Birth-
place

Occupation

*infant*Where Reiding if not
at place of death*Cornus Balto. Co.*Married, Single
or Widowed*infant*Name of Wife or
Husband*William*Father's
Name*William G. Robertson*Father's
Birthplace*Balto.*Mother's
Maiden Name*Adele H. Zucker*Mother's
Birthplace*Balti.*Name of person giving
Information*father Wm Robert*How related
to deceased*father*

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary

Infectious diarrhoea

How long

four months

Immediate

Dys Colitis

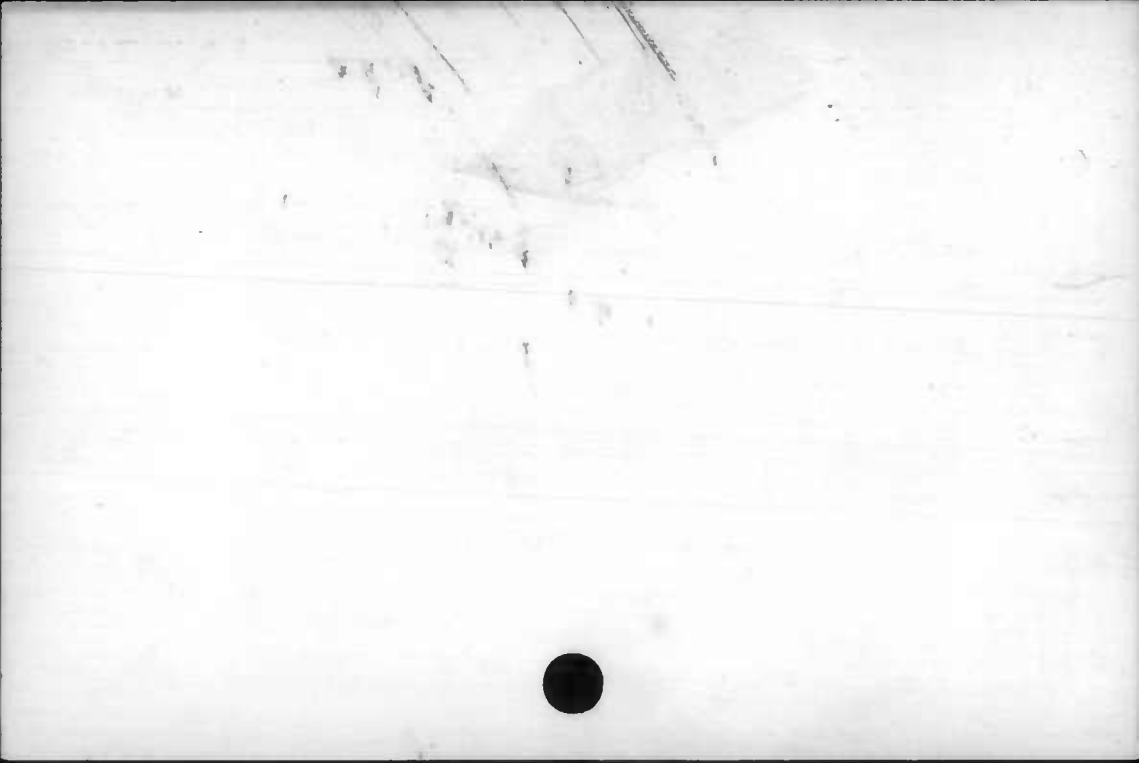
How long

*one month*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. H. M. Keuff Jr.*

Address

*Mt Wilson Sacramento
Mt*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death

James W. Robins Jr
Colgate Creek Balto

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

172

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Christian Miller
2334 Jefferson st
Cedar Hill Cemetery
Aug 15/09

Name
in
Full

Wm G. H. Schulz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bellview-Raspensburg</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>1909 August</i>	Day <i>6</i>	Age <i>—</i>	Months <i>5</i>	Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bellview Balto Co</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Schulz</i>				Father's Birthplace <i>Baltimore Md</i>			
Mother's Maiden Name <i>Lillian M. Tolley</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving Information <i>William Schulz</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Infantile Diarrhoea</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Milbrison</i>
Accident or Suicide <i>Neither</i>	Address <i>Raspensburg, Ind.</i>

George Schilling & Sons
Funeral Directors

N. W. Cor. Aisquith & Monument sts
Balto Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agnes Schultzy

Town

County

MARYLAND

Died at

Fort Howard

Baltimore

Date

of death

1909 May

Day

11

Age

Years

—

Months

8

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph Schultzy

Father's
Birthplace

Balto. Co.

Mother's
Maiden Name

Supina Galders.

Mother's
Birthplace

Russia.

Name of person giving
Information

Joseph Schultzy

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ectopic Gestation

How long

7 weeks

Immediate

Suppurative Ectopic

How long

7 weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. C. Eldred M.D.

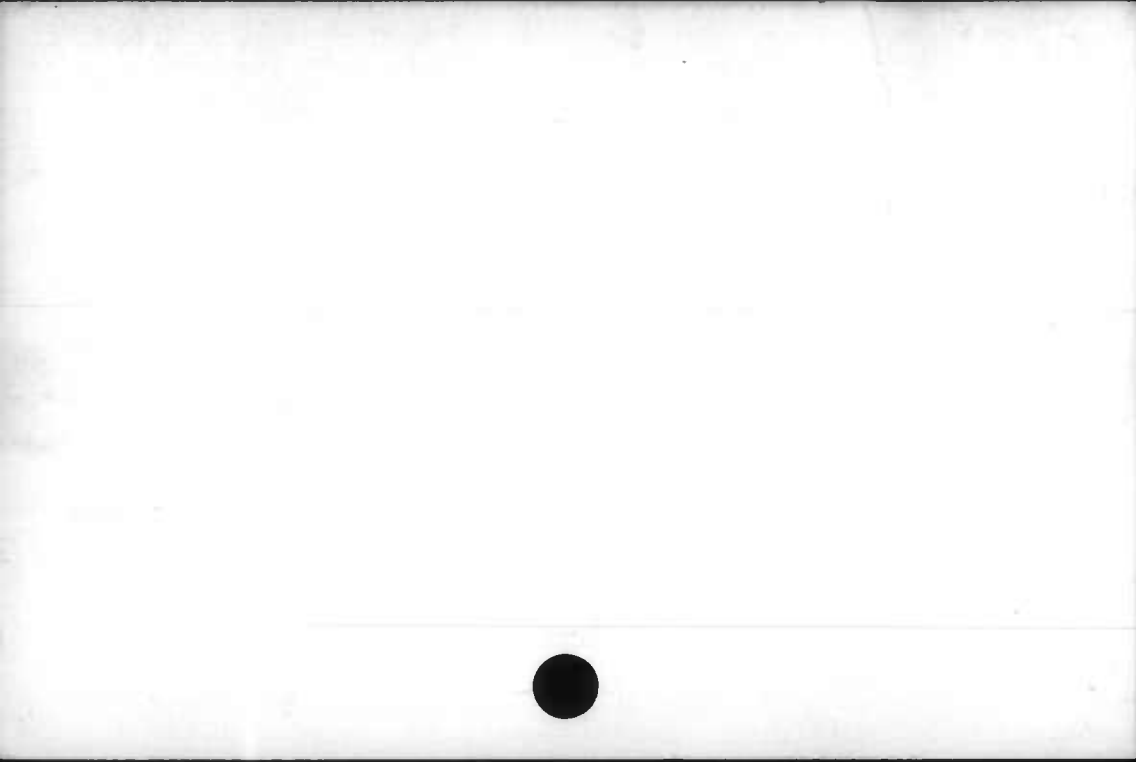
Address

*Springer Point,
Md 15*

Accident or Suicide

PHYSICIAN
OR CORONER

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	15	16 days			
Sex		Color or Race		Birth-place			
Male		Colored		Crownville			
Occupation				Where Residing if not at place of death			
				X			
Married, Single or Widowed		Name of Wife or Husband					
X		X					
Father's Name				Father's Birthplace			
Samuel Williams				Halethorp			
Mother's Maiden Name				Mother's Birthplace			
Hannah Scott				T			
Name of person giving information				How related to deceased			
Mother							

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

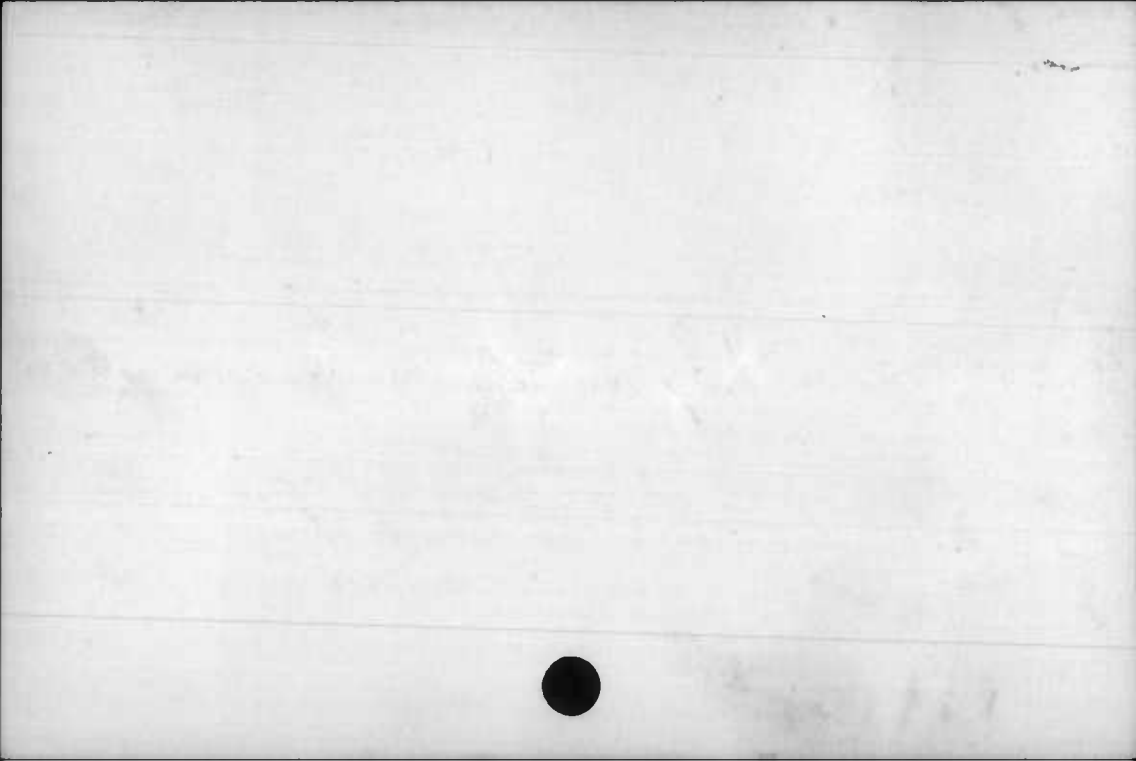
How long

How long

Frederic J. Butler M.D.

Halethorp Md.

Accident or Suicide?



Name
in
Full

Rosie Helen Selfert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowne		County Baltimore		MARYLAND	
Date of death		1909	Month August	Day 3	Age Years	0	Months 6
Sex female		Color or Race white		Birth- place		Balt Co. Md.	
Occupation Infant		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name		George J. Selfert		Father's Birthplace		Balt Co.	
Mother's Maiden Name		Rosie Helman		Mother's Birthplace		Balt Co.	
Name of person giving In formation		George J. Selfert		How related to deceased		father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	No Calitis	How long	2 weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank H. Rube	
Address		Lansdowne, Balt. Co. Md.	
Accident or Suicide?			

E. Schloman & Son
Western Landmark

Name in Full		Chas. E. Serruto				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Monell Park		Baltimore		MARYLAND	
	Date of death	1909	Aug	6	Age	5	26
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Geo. Serruto				Father's Birthplace	Baltimore Md
	Mother's Maiden Name	Katie Miller				Mother's Birthplace	New York
Name of person giving information	Katie Serruto				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	24 hr
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	ye				Signature of Physician	Geo. S. M. Kieffer
						Address	Monell Park
	Accident or Suicide?						Baltimore Md.

Western:

Joe B. Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rachael M. Shipley

Town

County

MARYLAND

Died at

Dickeyville

Balto

Date

of death

1909

Month

Aug

Day

27

Age

83

Months

Days

Sex

Female

Color of
Race

White

Birth-
place

MD

Occupation

Housewife

Where Realding if not
at place of death

Dickeyville

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Shipley

Father's
Name

—

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

—

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mrs Annie Murphy

How related
to deceased

None

CAUSES OF DEATH

Primary

Brain Stiffness

How long

154

Unknown

Immediate

Syncopal

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Heardall Harmon
Dickeyville, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

W. B. Cook

Lorraine Cemetery

Name
in
Full

Sallie Simcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

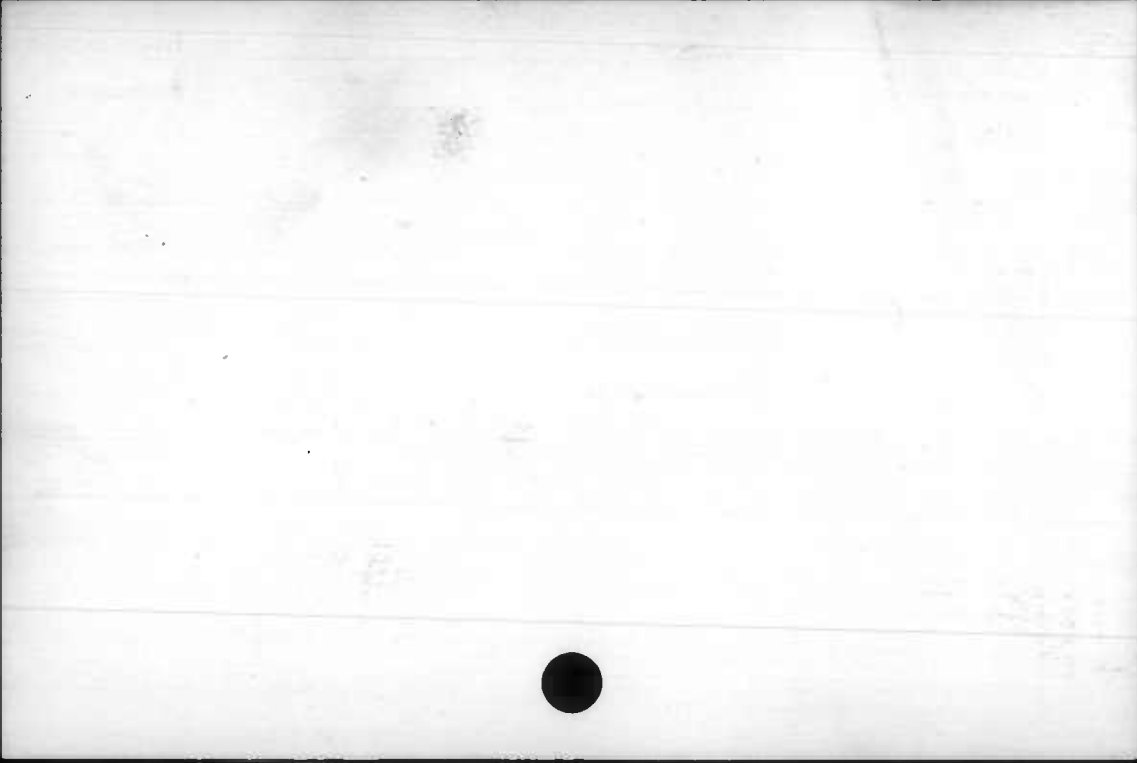
Died at <i>North Point</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	1909 Aug	Month	Day	Age	Years
			7th	—	—
Sax	<i>Iern</i>	Color or Race	<i>white</i>	Birth-place	<i>North Point</i>
Occupation	—	Where Residing if not at place of death		<i>North Point</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Frank Simcock</i>		Father's Birthplace	
				<i>Poland</i>	
Mother's Maiden Name		<i>Antonina Subinski</i>		Mother's Birthplace	
				<i>Poland</i>	
Name of person giving Information		<i>Frank Simcock</i>		How related to deceased	
				<i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Immediate	<i>Acute cerebral meningitis</i>	How long	<i>1 day</i>
Are the name, age, sax, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>G. B. McCormick MD</i>	
		Address	
		<i>Spaniards Point</i>	
Accident or Suicide			
<i>no</i>			

105



Name
in
Full

Leo Smutty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

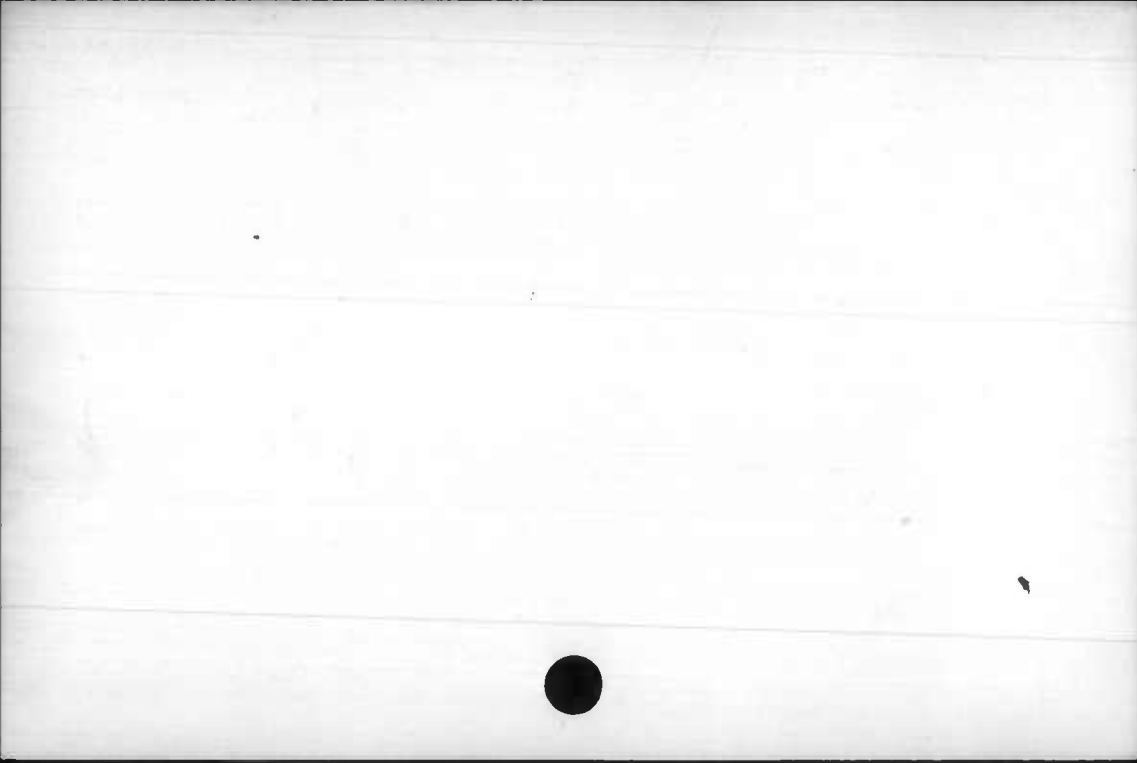
Died at		Town <i>Mr. Wilson</i>		County <i>Balto Co</i>		MARYLAND	
Date of death 1909		Month <i>Aug</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Leo Smutty</i>				Father's Birthplace <i>W. K. K. K.</i>			
Mother's Maiden Name <i>W. K. K. K.</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Mrs. Smutty</i>				How related to deceased <i>W. K. K. K.</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Stomachitis</i>	How long	<i>10 days</i>
Immediate	<i>" "</i>	How long	<i>10 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John K. K. Jr. M.D.</i>	
		Address <i>W. K. K. K. Ind.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Francis Smith

Town

County

Died at

Summerfield

Bolton Co.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 Aug.

5-

Age

49

Sex

Female

Color or
Race

Col

Birth-
place

Md.

Occupation

Cook

Where Residing if not
at place of death

848 G St N Bolton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Smith

Father's
Name

William Anderson

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

William Smith

How related
to deceased

Son

CAUSES OF DEATH

179

Primary

General debility

How long

Several months

Immediate

Cardiac Asthenia

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Rogers M.D.
Bolton Md.

Accident or Suicide

PHYSICIAN
OR CORONER

B. A. Elliott
506 Rogers Ave
~~Beverly Beach~~ to
Mt Zion Cemetery
City-

Name
in
Full

May Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Turners' Sta* County *Balt -*
 Month *Aug* Day *6* Age *—* Months *2* Days *3*
 Date of death *1909*
 Sex *Female* Color or Race *white* Birth-place *Baltimore*
 Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Lorenza Smith*
 Mother's Maiden Name *Catherin Love*
 Name of person giving Information *Lorenza Smith*

Father's Birthplace *Baltimore*
 Mother's Birthplace *Baltimore*
 How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera Infantum*

How long *4 days*
 How long *20 hours*

Immediate *Exhaustion*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

H. K. Petteskian M.D.
Garrow's Pt.
Md., 17

Accident or Suicide

PHYSICIAN
OR CORONER

St Nicolaus + son

1820 Canton Ave

S Tengels Bcm

Aug 8th 1909

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

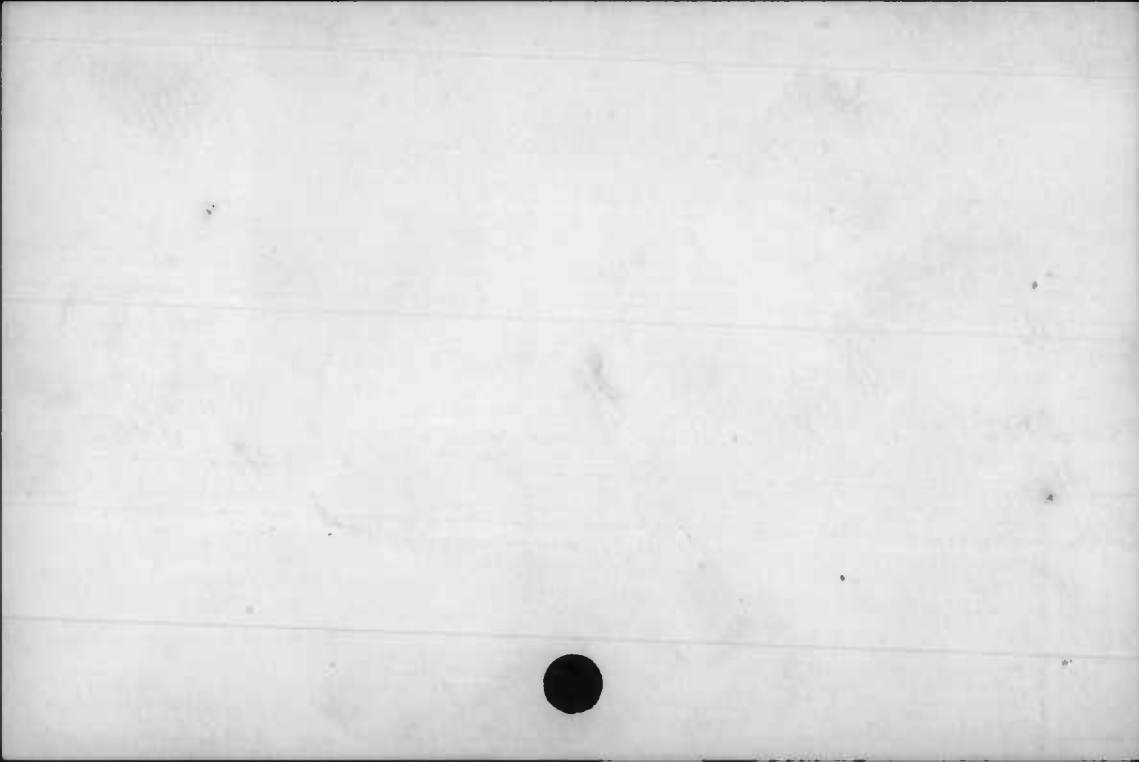
Name Robert F. Kennardeth Smith		Town Baltimore		County Baltimore		State MARYLAND	
Died at Baltimore		Month Aug		Day 21		Age 7	
Date of death 1909		Sex Male		Color or Race colored		Birthplace Baltimore	
Occupation —		Where Residing if not at place of death — Smith					
Married, Single or Widowed Single		Name of Wife or Husband Robert Kennardeth					
Father's Name Robert Smith		Father's Birthplace Cockeysville					
Mother's Maiden Name Della Lewis		Mother's Birthplace Baltimore					
Name of person giving In formation Samuel Morris Parkins		How related to deceased nephew					

CAUSES OF DEATH

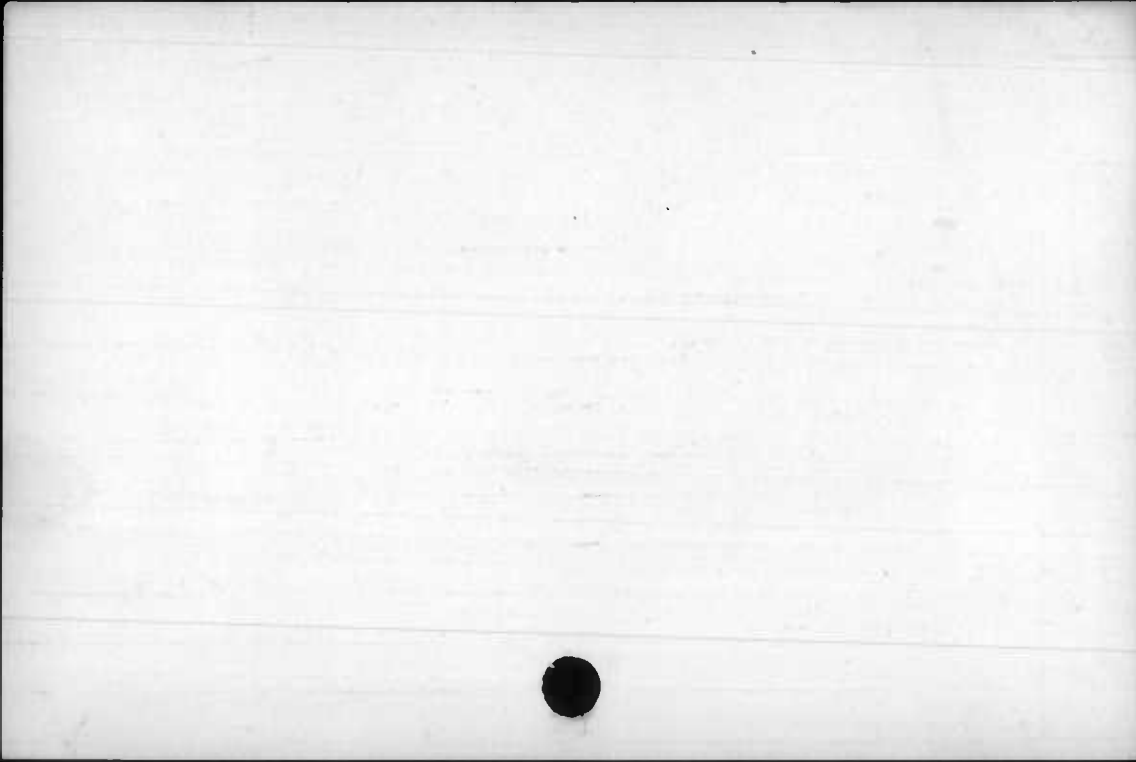
105

PHYSICIAN
OR CORONER

Primary	Interitis	How long	Two weeks
Immediate	yes	Signature of Physician	Erasmus M. Tree MD
Are the name, age, sex, color, date and place correctly given above?	yes	Address	Shaw's corner
Accident or Suicide?			R 7



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Town</u> <i>Wt. Niles</i>		County <i>Balto. Co.</i>	
		Date of death <i>1909</i>		Month <i>Aug.</i>	
		Day <i>10</i>		Age <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Infant</i>		Birth-place <i>Baltimore</i>	
		Where Residing if not at place of death <i>Baltimore</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Alfred Smith</i>		Father's Birthplace <i>Not known</i>	
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs. S. Smith</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Phocolitis, suppurative</i>		How long <i>1 week</i>	
		Immediate <i>" "</i>		How long <i>" "</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Smith M.D.</i>	
				Address <i>W. W. Niles Rd.</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Thomas Smith /
Died at Sparrows Point Baltimore

MARYLAND

Date of death 1909 Aug 27 Age 26

Sex Male Color or Race Negro Birth-place N. Carolina

Occupation Laborer Where Residing if not at place of death Sparrows Point

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information John Jacobs How related to deceased None

CAUSES OF DEATH

Primary Accident - explosion
Immediate of steel inj

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

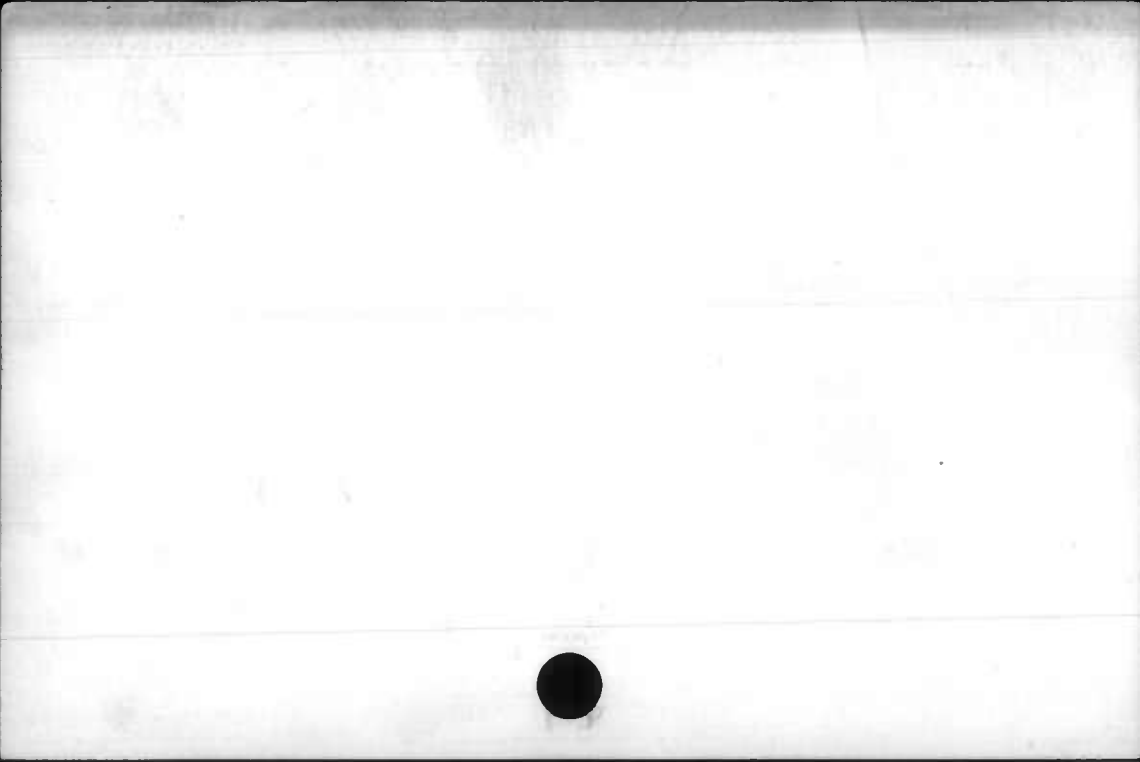
Address

Joe Blain (Crown)
Sparrows Point
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charlotte M. Sparrow
 Town *Mt Winans* County *Balto*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Aug

20

Age

56

Months

11

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Mt Winans

Married, Single
or Widowed

Widow

Name of Wife or
Husband

William H. Sparrow

Father's
Name

John H. Charlton

Father's
Birthplace

Md.

Mother's
Maiden Name

Ann E. Hallow

Mother's
Birthplace

unknown

Name of person giving
In formation

Wm H. Sparrow Jr

How related
to deceased

Son

CAUSES OF DEATH

40

Primary

Cancer of Liver

How long

4 months

Immediate

Hemorrhage

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. V. G. [Signature]

Address

Mt Winans

Accident or Suicide?

met. 13

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W^m Cook.

Westerly 502 E North

London Park. Conn

Monday. August. 23rd / 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Steinburg

Town

Westport

County

Baltimore

MARYLAND

Died at

Date

of death 1909

Month

8

Day

19

Age

Years

29

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Lineman

Where Residing if not
at place of death

Annapolis Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

J. B. Duvall

How related
to deceased

None

CAUSES OF DEATH

Primary

Electric shock

How long

Five minutes

Immediate

Electric shock

How long

Five minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

August W. Miller Coroner

Address

Mr Winans

Accident or Suicide

Accident

Baltimore

Md 13

~~Who~~

Woolen & Feldmeyer

Amesbury

Ms.

Name
in
Full

CERTIFICATE OF DEATH

Isaac H Stern

Town

County

MARYLAND

Died at Disaville

Md

Balt

Date of death 1909 Aug

Day 6

Age

Years

Months

Days

Sex Girl

Color or Race

White

Birth-place

Balt co Md

Occupation

Where Residing if not at place of death

~~Married~~ Single or Widowed

Single

Name of Wife or Husband

Mary Stern
Isaac Stern

Father's Name

Harry Stern

Father's Birthplace

Balt co Md

Mother's Maiden Name

Frances Woodward

Mother's Birthplace

Balt Md

Name of person giving information

Isaac Harry Stern

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 days

Immediate

Cardiac Insufficiency

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. C. Smith

Woodlawn St

1110

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John J. Cowan
Western Country

R

Name
in
Full

CERTIFICATE OF DEATH

William H. Strewig

Town

County

MARYLAND

Died at near Delight

Balto

Date of death 1909 aug

Month

Day

Age

Years

Months

Days

Sex Male

Color or Race

white

Birth-place

Balto co Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Horace W. Strewig

Father's Birthplace

Balto co Md

Mother's Maiden Name

Edith Higgs

Mother's Birthplace

V. A

Name of person giving Information

Horace W. Strewig

How related to deceased

Fellow

CAUSES OF DEATH

Primary

Measels

How long

about ten days

Immediate

Cholera Infantum

How long

about one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

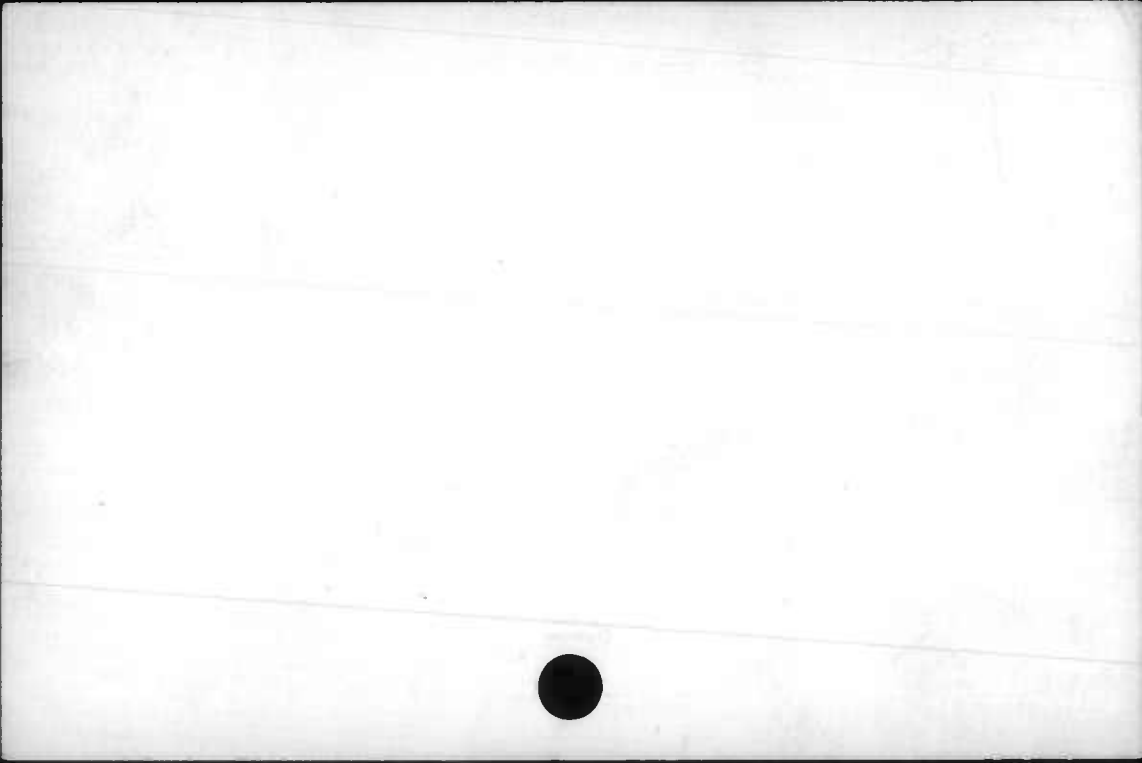
Address

W H Campbell
Crown's Mills
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Agnes Strother

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sheppard Church Pratt Hsp* *Town* *County* *Balto.*
 Date of death 1909 *8* Month *5* Day Age *34* Years Months *9* Days *5*
 Sex *Fem* Color or Race *white* Birth-place *Va*
 Occupation *Stenographer* Where Residing if not at place of death *Fairfax Va*
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Rev Frank A Strother* Father's Birthplace *Va*
 Mother's Maiden Name *Cora F Winger* Mother's Birthplace *Va*
 Name of person giving Information *Ed Bruch* How related to deceased *Physian*

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary *Melancholia* How long *some months*
 Immediate *suicide by hanging* How long *immediate*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. G. Marsenberg*
 Address *Towson*
Joseph B. Herbert
 Coroner *9*
 Accident or Suicide

Stewart & Brown Co

Funeral Directors

215 - Park Ave

for Interment in

Barrville, Clark Co. Va

August - 7 - 1859

Name
in
Full

Adam Sukaritch Jr

CERTIFICATE OF DEATH

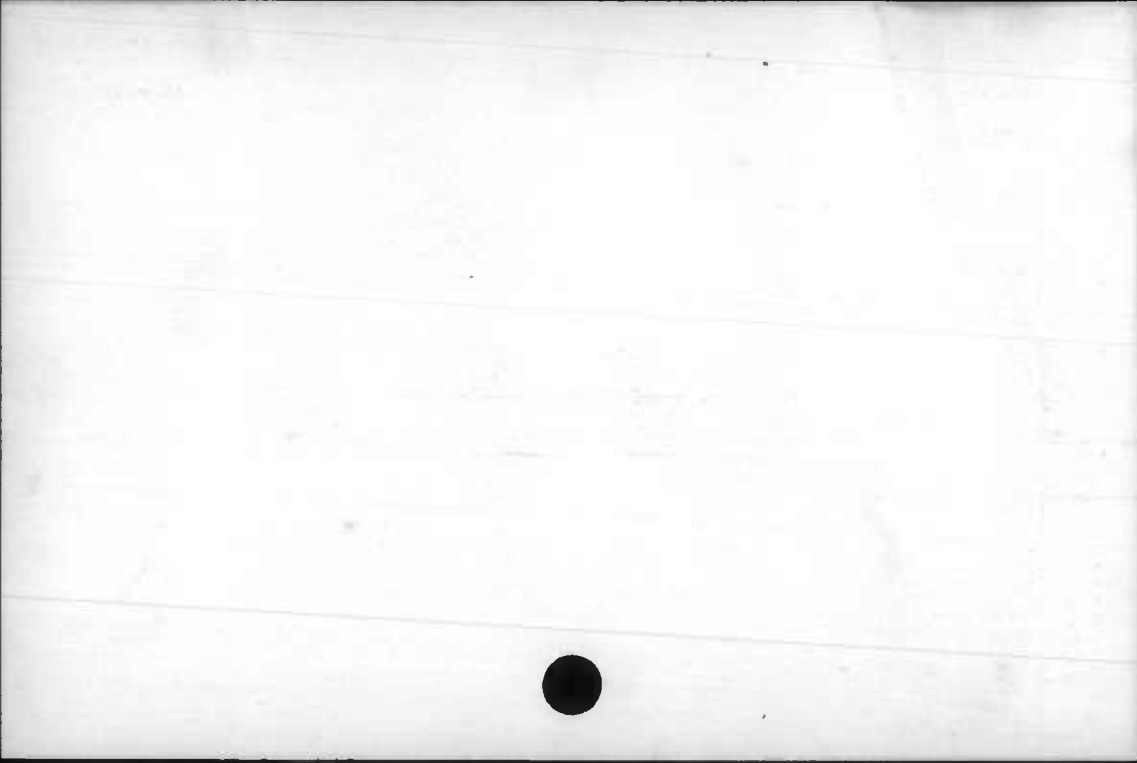
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} North Point		^{County} Balto.		MARYLAND	
Date of death	1907	Month	Aug	Day	3d
Age		—		Months	6
Sex		male		Color or Race	white
Occupation		—		Birth-place	North Point
Where Residing if not at place of dath		North Point			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Adam Sukaritch		Father's Birthplace	Russia
Mother's Maiden Name		Francis Schlack		Mother's Birthplace	Austria
Name of person giving Information		Adam Sukaritch		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	Cholera Infantum & exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. C. McConicker, M.D.	
no		Address	
Accident or Suicide		Spanners Point Md.	



Name
in
Full

Cassius F. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hammontville</u>		County <u>13 Balto</u>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	Aug	2	5	2	
Sex	Color or Race	Birth-place			
Female	White	Baltimore			
Occupation	Where Reiding if not at place of death				
Child	Baltimore				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Griffin Taylor	Frederick Md.				
Mother's Maiden Name	Mother's Birthplace				
Florence B. Early	Baltimore				
Name of person giving Information	How related to deceased				
Griffin Taylor	Father				

CAUSES OF DEATH

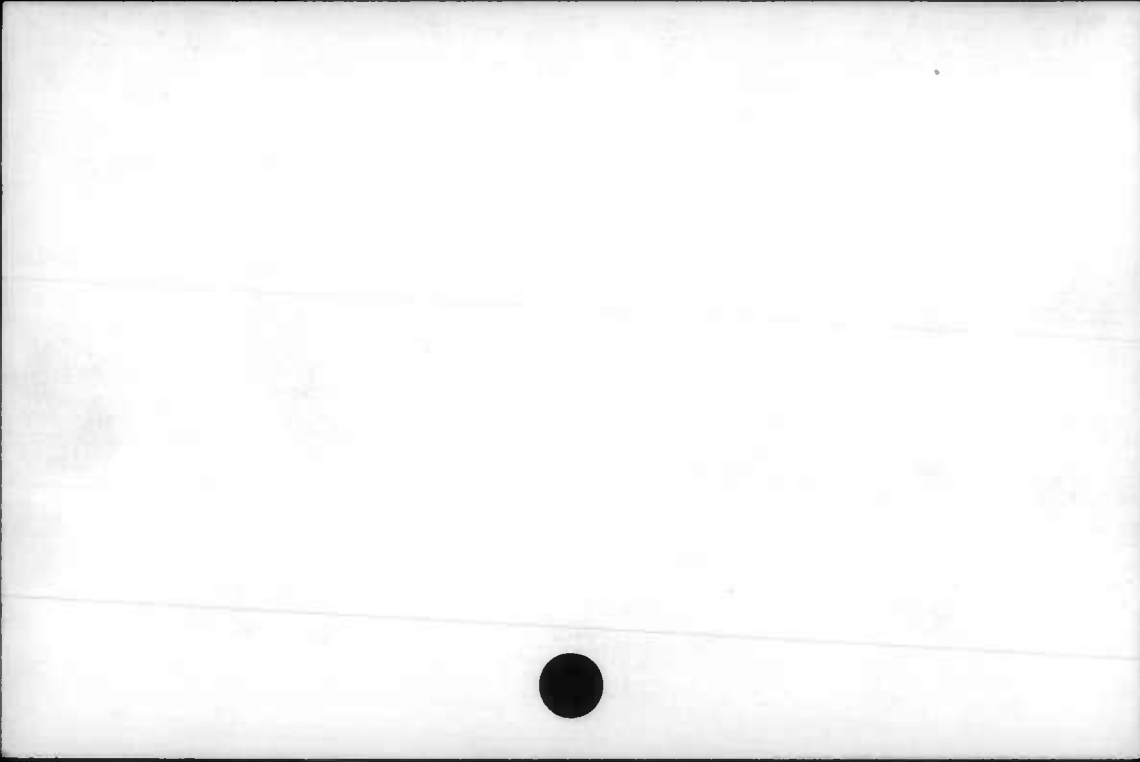
Primary	How long
Typhoid fever	7 days.
Intestinal perforation	24 hours.
Immediate	
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician
Yes	Wm. D. Buppert

Address

1234
Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Caroline F. Taylor ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrisonville		County Baltimore		MARYLAND	
Date of death		Month Aug	Day 2	Age 5	Months 1	Days 29	
Sex Female		Color or Race White		Birth-place Baltimore City			
Occupation None				Where Residing if not at place of death Baltimore City			
Married Single or widowed		Single		Name of Wife or Husband —			
Father's Name Griffin Taylor				Father's Birthplace Baltimore City			
Mother's Maiden Name Florence McCauley				Mother's Birthplace Baltimore City			
Name of person giving Information Griffin Taylor				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Typhoid Fever	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician Geo W Little	
Address 531 N. Fremont Ave	
Undertaker ✓	
Accident or Suicide	

DISINTERMENT.

Name
in
Full

(Mrs) Elizabeth Griswold Thelin

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Wt Washington

Balto

Date

Month

Day

Years

Months

Days

of death

1909 Aug

2^d

Age

63

3

12

Sex

female

Color or
Race

white

Birth-
place

Georgia

Occupation

Housewife

Where Residing if not
at place of death~~Married~~ Single
~~Widowed~~

Widowed

Name of Wife, or
Husband

Wm T. Thelin (deceased)

Father's
Name

Elias Griswold

Father's
Birthplace

Ohio

Mother's
Maiden Name

Elizabeth M. Clark

Mother's
Birthplace

Georgia

Name of person giving
Information

E. Griswold Thelin

How related
to deceased

None

CAUSES OF DEATH

79

Primary

Arterio sclerosis. Enlarged heart Eight year
Exhaustion. one year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

William J. Dodd
Mt Washington

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

This is a true copy of a certificate of death

on file at this office. Made this day

January 19, 1910

Acting

State Registrar of Vital Statistics.

Name
in
Full

William L Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brighton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>Aug</i> ^{Day}	<i>4</i> ^{Years}	<i>9</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ma.</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>R. W. Thompson</i>			Father's Birthplace	<i>Ma</i>
Mother's Maiden Name	<i>May Dolan</i>			Mother's Birthplace	<i>Ma</i>
Name of person giving information	<i>R. W. Thompson</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>cholesterol infarction</i>	How long	<i>3 days</i>
Immediate	<i>Heart</i>	How long	<i>do</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. W. Lanney M.D.</i>	
		Address	
		<i>304 Banks St E</i>	
Accident or Suicide?			
<i>No</i>		<i>3602</i>	

Mount Carmel Conn.

August 6th 1909

H. Sander & Sons

Name
in
Full

Joseph. Forsell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

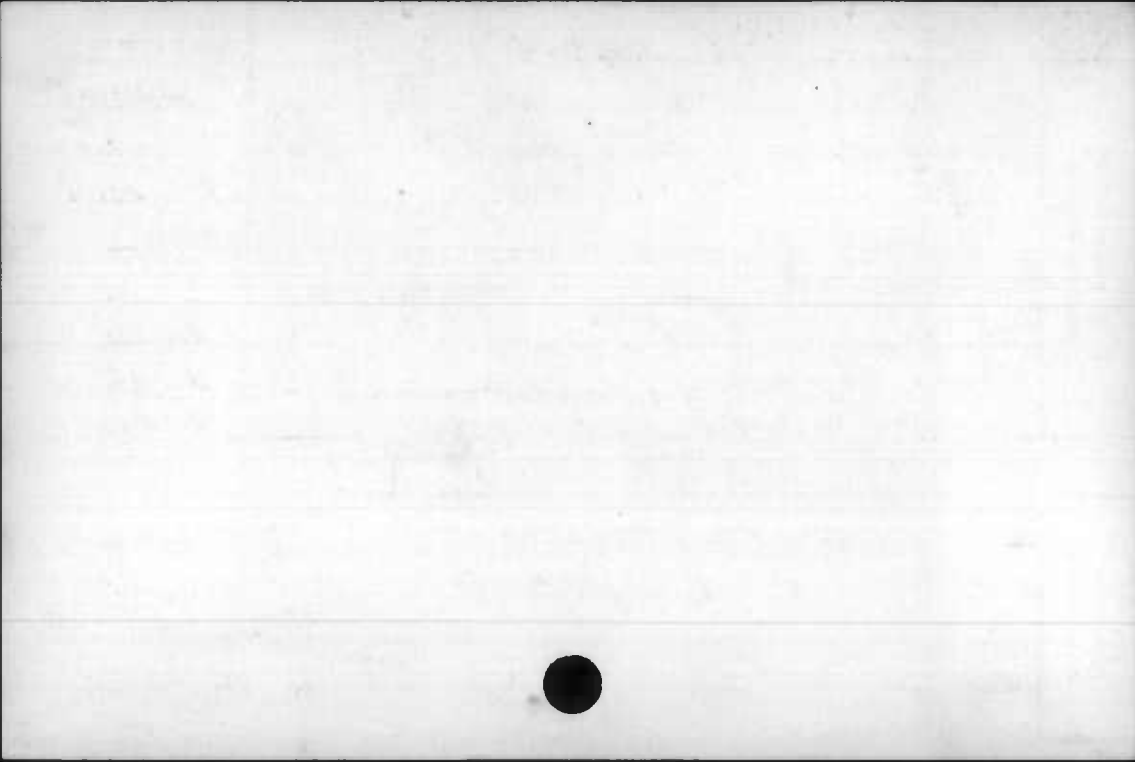
Died at ^{Town} Catonsville		^{County} Balto		MARYLAND	
Date of death	1909	Month	aug	Day	6
Age	Years		Months		14
Sex	male	Color or Race	Colored,	Birth-place	Catonsville
Occupation	none		Where Residing if not at place of death Catonsville		
Married, Single or Widowed	Single	Name of Wife or Husband none			
Father's Name	Joseph Forsell			Father's Birthplace	Catonsville
Mother's Maiden Name	Rebecca Jackson			Mother's Birthplace	Catonsville
Name of person giving information	Joseph Forsell			How related to deceased	Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	2 mos
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B West
		Address	Catonsville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Luella K. Tyson

Town

County

Died at

Ruhls

Baltimore

MARYLAND

Date

of death

1909 Aug.

Month

Day

20th

Age

Years

Months

2

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Balto, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William H. Tyson

Father's
Birthplace

Md.

Mother's
Maiden Name

Edith Zimmermann

Mother's
Birthplace

Md.

Name of person giving
Information

William H. Tyson

How related
to deceased

CAUSES OF DEATH

Primary

Enteritis

How long

105

25 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

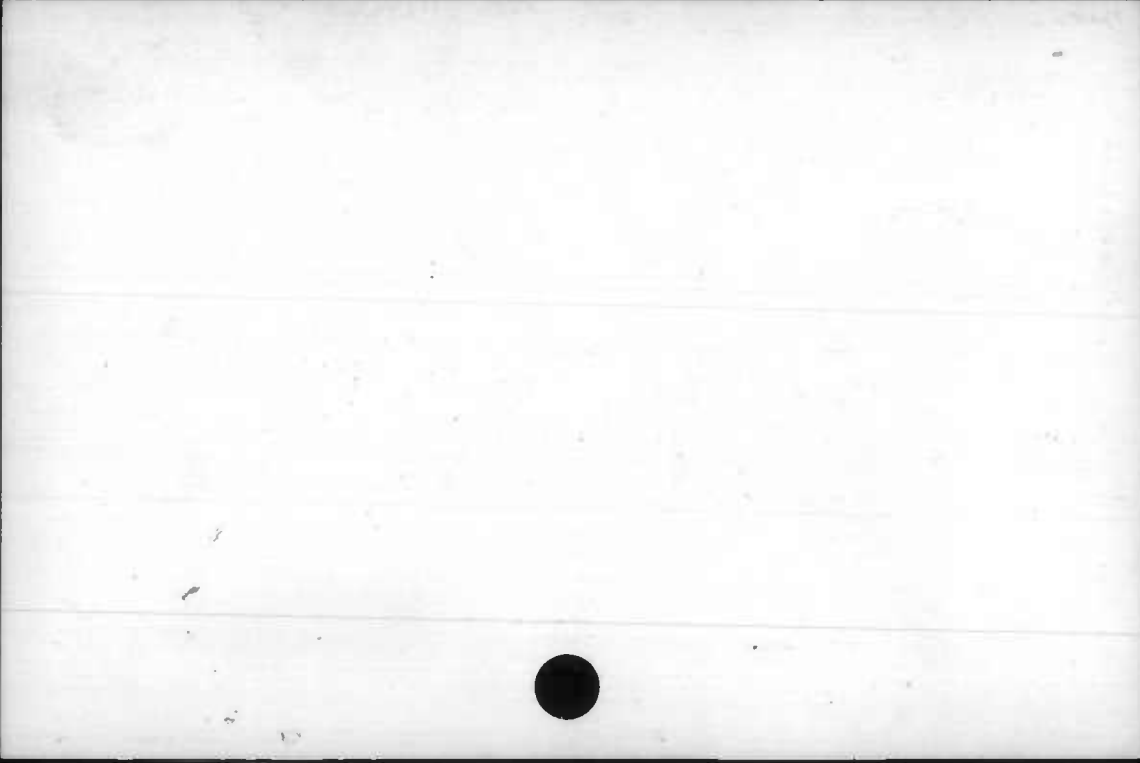
Signature of
Physician

Address

Jefferson Buckle
2844 St Paul St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Volker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

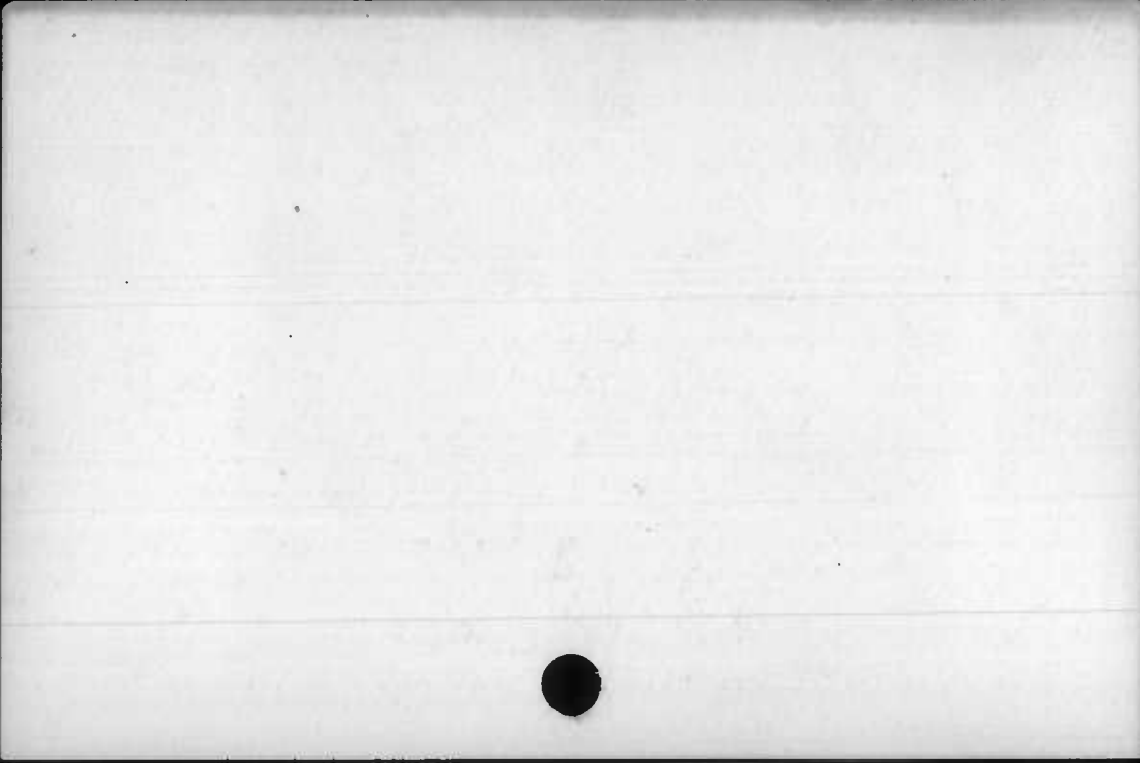
Died at		Town		County		MARYLAND	
Hamilton		Baltimore					
Date of death		Month	Day	Years	Months	Days	
1909		August	22nd	Age 20.			
Sex	male	Color or Race	White	Birth-place	Baltimore		
Occupation	laborer			Where Residing if not at place of death	Lauraville		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Edward Volker			Father's Birthplace	Baltimore		
Mother's Maiden Name	Elizabeth Volker			Mother's Birthplace	Balto. County		
Name of person giving information	John Sommer			How related to deceased	Uncle		

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	Suicide by carbolic acid		How long	about two hours
Immediate	suicide		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Joseph A. Neumayer
			Address	coroner
Accident or Suicide?		Suicide	Raspburg R. F. D. mod. 14	



Name
in
Full

Rosina Vanderhit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Monell Park ^{County} Balto MARYLAND
Date of death 1909 ^{Month} Aug ^{Day} 6 Age ^{Years} 1 ^{Months} 6 ^{Days} —
Sex female Color or Race white Birth-place Balto Md
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
Father's Name Fred. Vanderhit Father's Birthplace Balto Co Md
Mother's Maiden Name Mary Gortt Mother's Birthplace Balto Md
Name of person giving Information Mary Vanderhit How related to deceased mother

CAUSES OF DEATH

104

Primary Malnutrition How long 3 weeks
Immediate acute indigestion How long 2 days

Are the name, age, sex, color, date and place correctly given above?

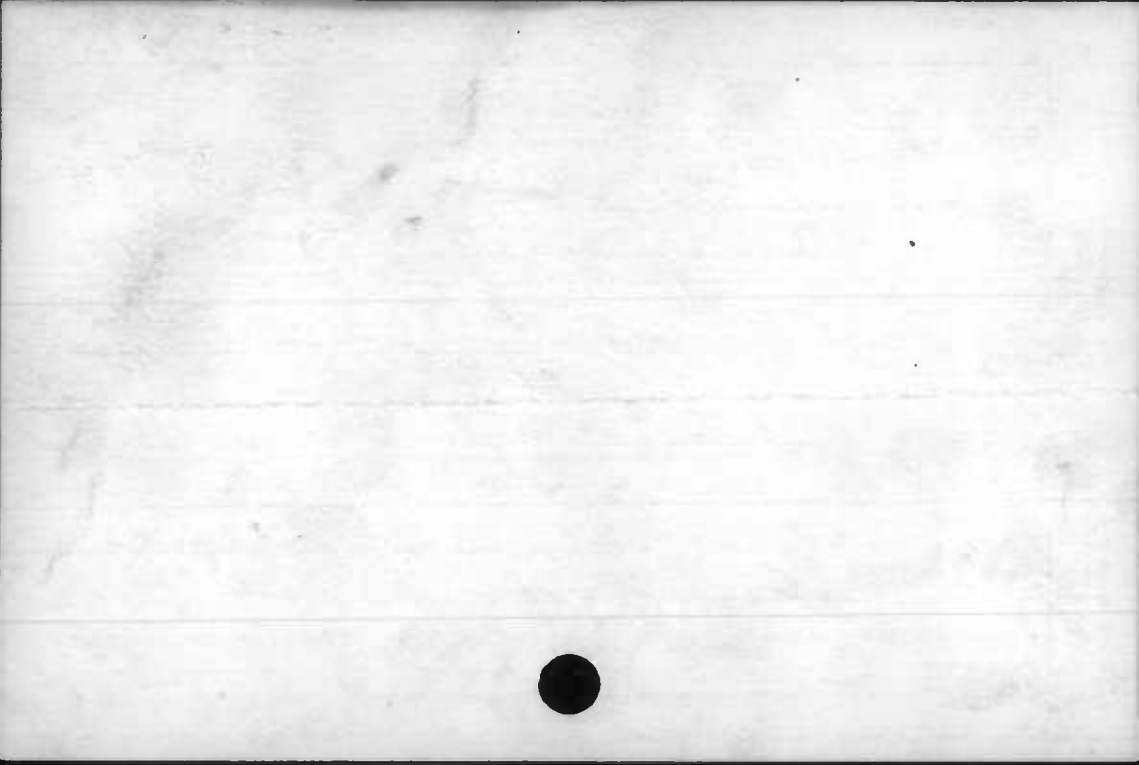
yes

Signature of Physician

Address

Geo. S. M. Kieffer
Monell Park
Balto. Md.

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

Julia Rogers Warner
 Town County
 St Georges Batto

MARYLAND

Date

of death

1909 Aug

Day

24

Age

92

Months

4

Days

18

Sex

Female

Color or
Race

white

Birth-
place

Baltimore

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Michel Warner

Father's
Name

John H. Rogers

Father's
Birthplace

Penna

Mother's
Maiden Name

Julia Anna Hagle

Mother's
Birthplace

Baltimore

Name of person giving
Information

John H R Warner

How related
to deceased

son

CAUSES OF DEATH

Primary

Infirmities of old age

How long

104

6 months

Immediate

Sub-acute gastritis

How long

2 months

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

James Goss M. D.
Prestonsville Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

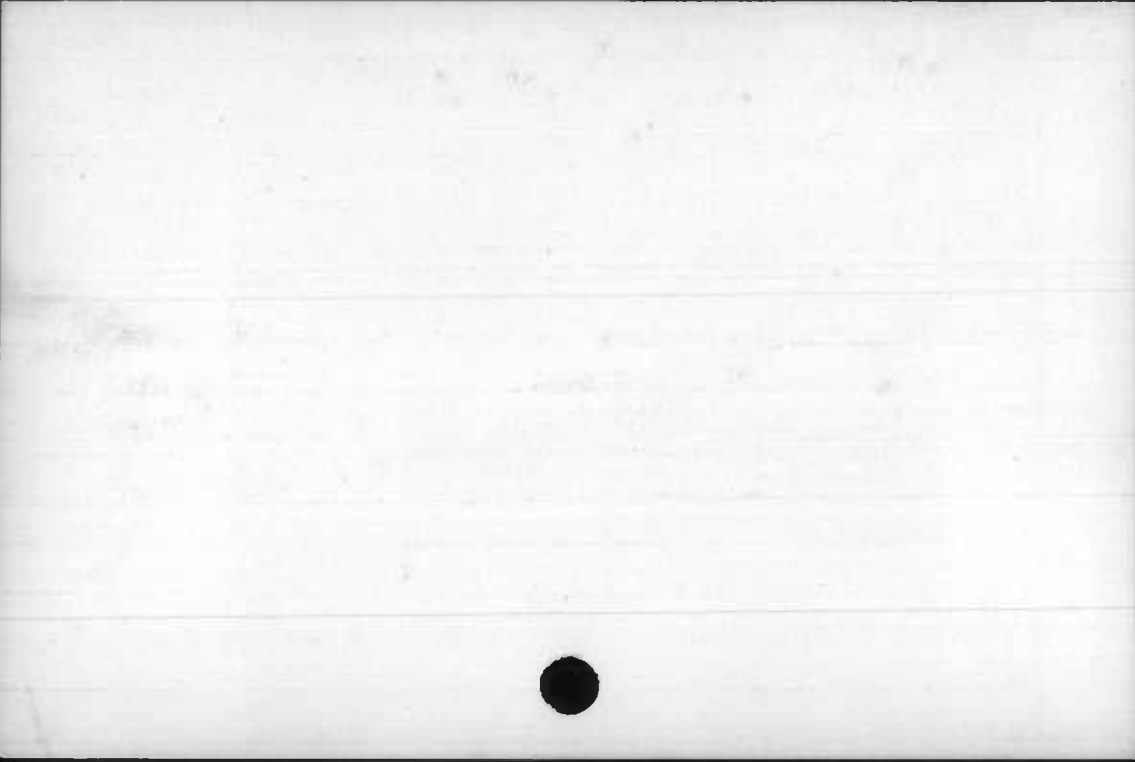
Died at		Town <i>Mr. Melen</i>		County <i>Calver</i>		MARYLAND	
Date of death	1909	Month	Aug.	Day	23	Age	Years — Months 3 Days —
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Insurer</i>			Where Residing if not at place of death		<i>Baltimore</i>	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Not known</i>			Father's Birthplace	
Mother's Maiden Name			<i>Not known</i>			Mother's Birthplace	
Name of person giving information			<i>Mrs. Weber</i>			How related to deceased	
						<i>mother</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Dysenteria</i>	How long	<i>1 mo</i>
Immediate	<i>Dysenteria</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John Henry M. W.</i>	
		Address	
		<i>21 W. Allen Md</i>	
Accident or Suicide?			



Name
in
Full

Clifton W. Wrens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lutherville		County Baltimore		MARYLAND	
Date of death		1904	Month Aug	Day 10	Age	Months	Days 1
Sex		Male		Color or Race Colored		Birth place Lutherville	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Harry Wrens				Father's Birthplace Montgomery Co.			
Mother's Maiden Name Emma Farmer				Mother's Birthplace Hagerstown			
Name of person giving Information Harry Wrens				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enter Cause - Exhaustion	How long	1 week
Immediate	Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Gibben Smith	
		Address Lutherville	
Accident or Suicide			

John Burrows

Town

Sandy Bottom
Cemetery, Baltimore

Name
in
Full

Vinton Weems

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lutherville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909 aug</i>		Month <i>5</i>		Day <i>5</i>		Years <i>7</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Lutherville</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>			
Father's Name <i>W. H. Weems</i>				Father's Birthplace <i>Montgomery Co.</i>			
Mother's Maiden Name <i>Emma Fleming</i>				Mother's Birthplace <i>Washington</i>			
Name of person giving information <i>W. H. Weems</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

Primary	<i>Enterocolitis</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>T. Gibbons Smith</i>	
		Address <i>Lutherville</i>	
<i>Accident or Suicide?</i>			

PHYSICIAN
OR CORONER

John Burns Sons
Towns

Sandy Bottom
Cemetary
Ballo. Co.

Name
in
Full

Elizabeth L. Weigert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	190 ^{Month} <i>9</i>	^{Day} <i>23</i>	Age	^{Years} <i>1</i>	^{Months} <i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>none</i>		Where Residing if not at place of death	<i>420 S. 3rd St.</i>	
Married, Single or Widowed	<i>~</i>		Name of Wife or Husband	<i>---</i>	
Father's Name	<i>Geo. S. Weigert</i>			Father's Birthplace	<i>city</i>
Mother's Maiden Name	<i>Zola M. Harrison</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>Geo. S. Weigert</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>11 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. S. Warner M.D.</i>
		Address	<i>320 Highland</i>
Accident or Suicide	<i>no</i>		

Mr. Carmel loan

Herrig for

8/25/08

Name
in
Full

Margaret Frances Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rossville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>40</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>HW</i>	Where Residing if not at place of death <i>Rossville</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Alex G Welsh</i>				
Father's Name <i>Thomas Buff</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Ely A Lucas</i>	Mother's Birthplace <i>md</i>				
Name of person giving Information <i>Alex G Welsh</i>	How related to deceased <i>1st husband</i>				

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>3 mo</i>
Immediate <i>Uræmic Coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Starnes md</i>
	Address <i>Muscle River Md</i>
Accident or Suicide <i>m</i>	

PHYSICIAN
OR CORONER

[Faint handwritten signature]

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Freida Cole Wheeler,*Died at *Bosley P. O.*County *Balto Co.*MARYLAND *Md*Date of death 1909 *August 2nd* Age *—* Months *5 months* Days *—*Sex *Female* Color or Race *white* Birth-place *Bosley Balto Co.*Occupation *none.* Where Residing if not at place of death *Bosley Balto Co.*Married, Single or Widowed *single* Name of Wife or Husband *none*Father's Name *Frank J. Wheeler.* Father's Birthplace *Belfast Balto Co.*Mother's Maiden Name *Bessie W. Cole.* Mother's Birthplace *Weston Run.*Name of person giving Information *Bessie W. Wheeler,* How related to deceased *Other*

CAUSES OF DEATH

105

Primary *General Inanition* How long *5 months*Immediate *Enter. Colitis* How long *4 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Guyton Green M.D.*Address *Lowson 2nd*Accident or Suicide *—*PHYSICIAN
OR CORONER

Bosley M. E. Crenshaw
Balls Co and
John Burns Bros
Tombury

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDCharles Edward Williams
Town County

Died at Warren

MARYLAND

Date of death 1909 Aug.

Day 20

Age

Months 2

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

None

Where Residing if not
at place of death

Warren Ind.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

James Williams

Father's
Birthplace

Ind.

Mother's
Maiden Name

Ida Elizabeth Williams

Mother's
Birthplace

Ind.

Name of person giving
Information

James Williams

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus Cholera Infantum

How long

5 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wilmer C. Emerson M.D.

Address

Cockeysville
Ind.

Accident or Suicide

No

PHYSICIAN
OR CORONER

To be
Buried by H. C. Brooks -
At Poplar Cemetery -
Warren, Ind. on
Aug. 22 / 09 -

Name
in
Full

Edward Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

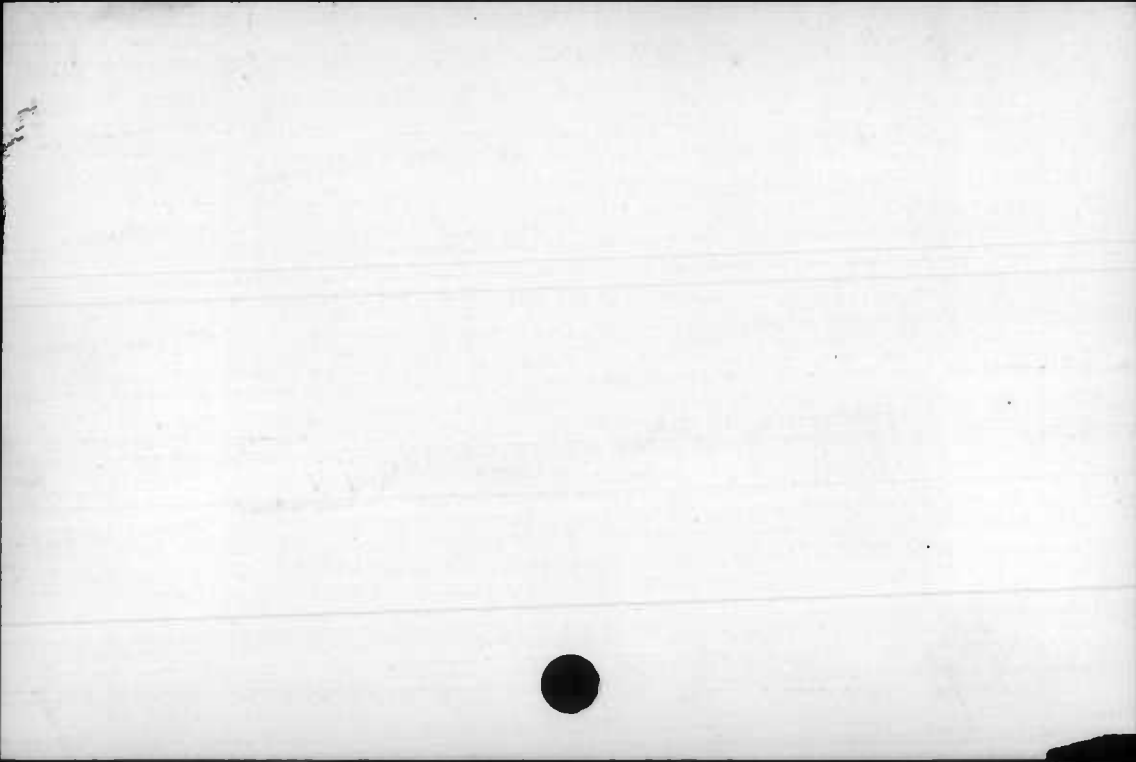
Died at		Town <i>Mr. Miles</i>		County <i>Delto. Co.</i>		MARYLAND	
Date of death	1909	Month <i>Aug.</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Baltimore</i>				
Occupation <i>Input</i>	Where Residing if not at place of death <i>Baltimore</i>						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Edward Williams</i>	Father's Birthplace <i>Not known</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>" "</i>						
Name of person giving In formation <i>Mrs. Williams</i>	How related to deceased <i>Widow</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>3 mos.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. W. Williams Jr. M.D.</i>
	Address <i>Mr. W. Williams</i>
Accident or Suicide?	



Name
in
Full

Helen E. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *W^h Washington* *Balto* County
 Date of death *1909* *Aug* *5* Age *3* *5* Months *3* Days *3*
 Sex *Female* Color or Race *White* Birthplace *Phila Pa*
 Occupation *Seamstress* Where Residing if not at place of death *W^h Washington*
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *J. Oliver Williams* Father's Birthplace *Balto Co*
 Mother's Maiden Name *Fannie Spawwesser* Mother's Birthplace *" "*
 Name of person giving information *J. Oliver Williams* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Enteritis* How long *6 weeks*

Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

W. A. Fair
12 E 25th St
Phila

Accident or Suicide? _____

A. S. Marshall
3539 Latt Road

St. Marys Hampden
Aug 7-89

Name
in
Full

Henry, L. Williams

CERTIFICATE OF DEATH

Died at ^{town} Mt Gilboa ^{County} Baltimore MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 1 ^{Age} 36 ^{Years} 9 ^{Months} 20 ^{Days}

Sex Male ^{Color or Race} Colored ^{Birth-place} Maryland

Occupation Laborer ^{Where Residing if not at place of death} Mt Gilboa

Married, Single or Widowed Single ^{Name of Wife or Husband} —

Father's Name Isaac C. Williams ^{Father's Birthplace} Maryland

Mother's Maiden Name Nancy Dallar ^{Mother's Birthplace} "

Name of person giving Information Isaac C. Williams ^{How related to deceased} Father

(175) X

CAUSES OF DEATH

^{From eating crabs}
Primary Acute Stomach Poisoning

How long 10 hours

Immediate Collapse

How long " "

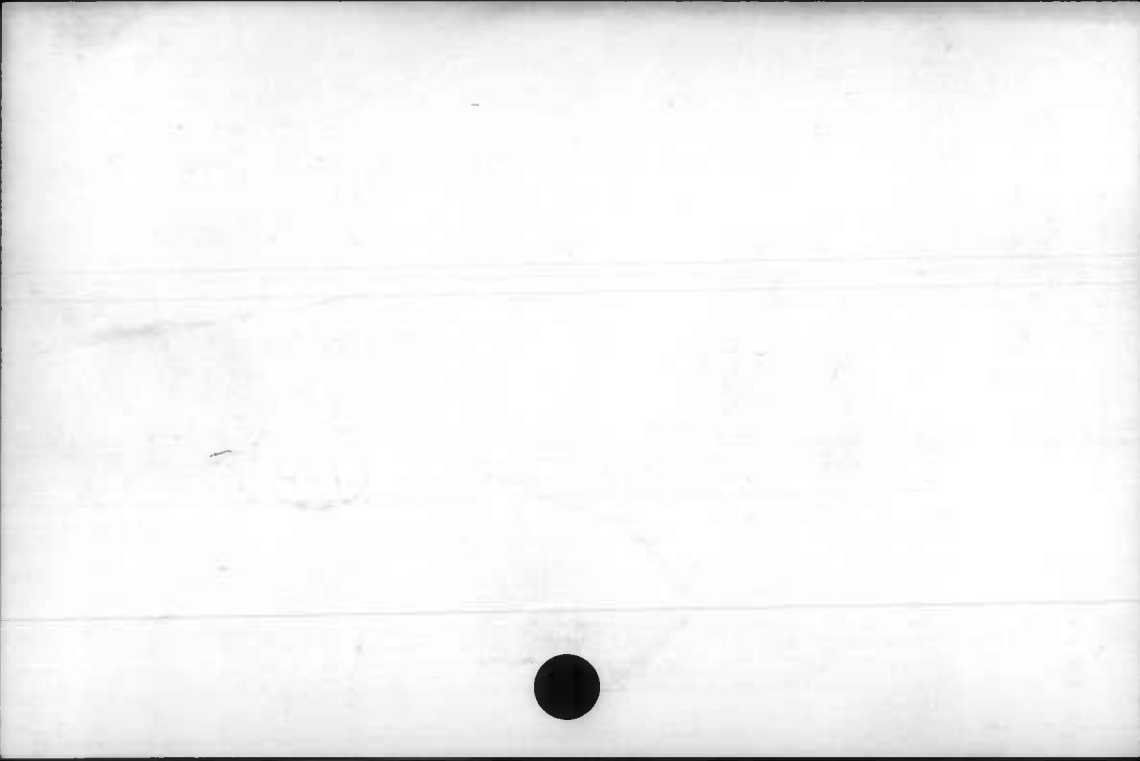
Are the name, age, sex, color, date and place correctly given above? YES

Signature of Physician ^{Address} John W. Bone Coroner
Ellicott City Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Freeland*

Town

Balto

County

Date

of death *1909 Aug.*

Month

Day

25

Age

Years

89

Months

9

Days

*6*Sex *Male*Color or
Race*White*Birth-
place*Ind.*

Occupation

*Farmer.*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Mary Ann Allison*Father's
Name*Abraham Williams*Father's
Birthplace*Ind.*Mother's
Maiden Name*Cassander Standiford*Mother's
Birthplace*"*Name of person giving
information*L. May B. Williams*How related
to deceased*Son.*

CAUSES OF DEATH

106

Primary

Acute Entero-Colitis

How long

4 days

Immediate

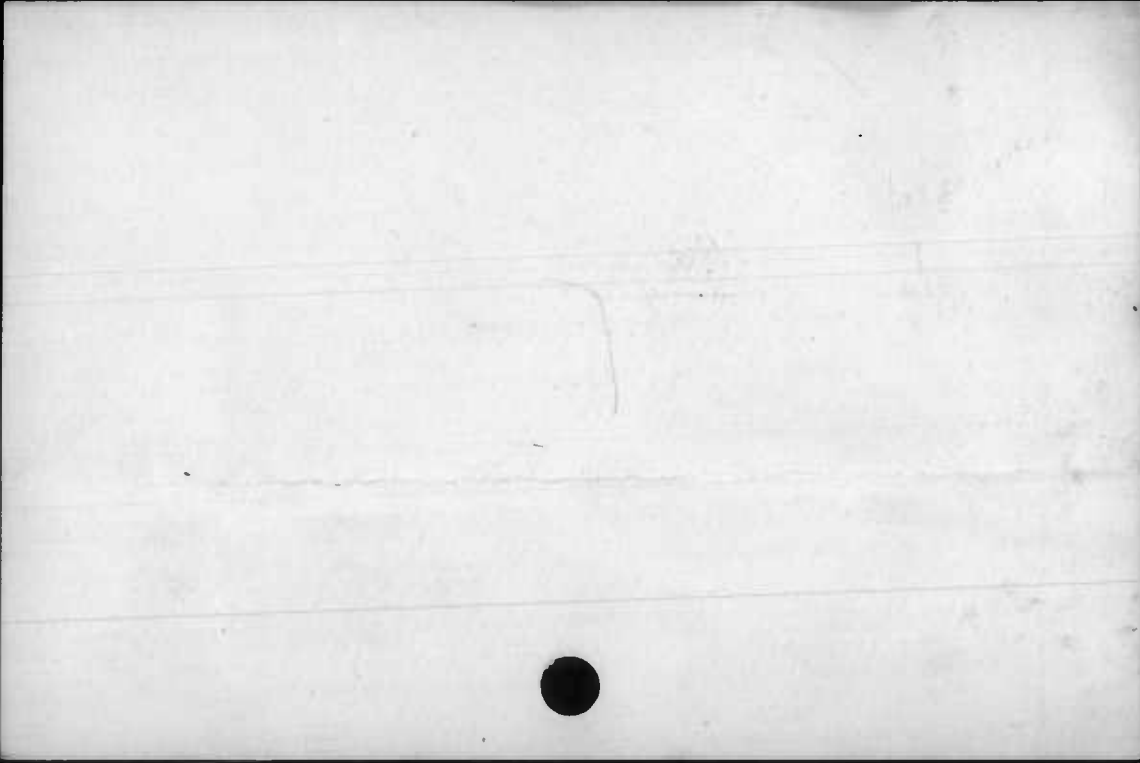
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Jas L. Yagle
*New Freedom**Pg. 7*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullStill born infant *Wilson*

CERTIFICATE OF DEATH

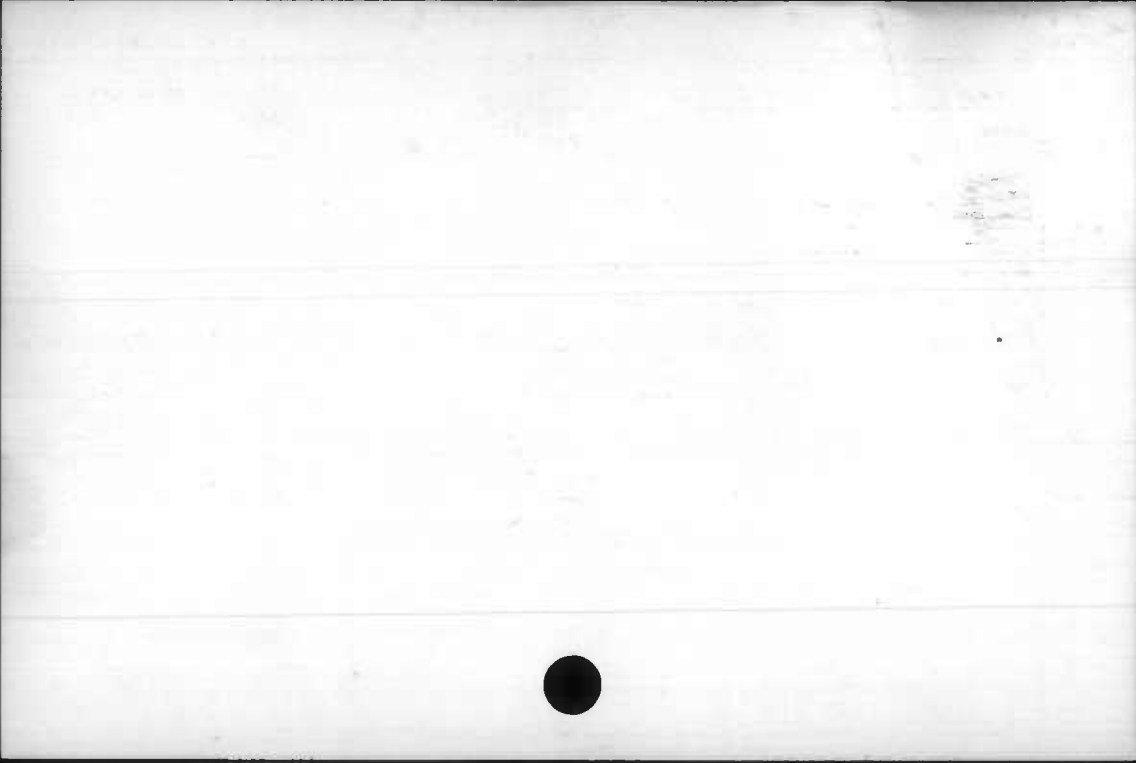
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spanners Point</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1909 Aug</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Spanners Point</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>" "</i>		
Married , Single or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Andrew Wilson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Annie Johnson</i>			Mother's Birthplace <i>Va</i>		
Name of person giving Information <i>Andrew Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth (6 mos)</i>	How long <i>—</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. McCormick MD</i>
<i>no</i>		Address <i>Spanners Point</i>
Accident or Suicide		<i>M. L. N.</i>



Name
in
Full

Charles S. Wilson (Wilson)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Howard Park ^{County} BaltDate of death 190 ^{Month} 8 ^{Day} 24 ^{Years} 54 ^{Months} 0 ^{Days} 0Sex Male Color or Race White Birth-place Balt. Md.Occupation Artist Where Residing if not at place of death Howard ParkMarried, Single or Widowed Single Name of Wife or Husband _____Father's Name Safayette Wilson Father's Birthplace Balt. Md.Mother's Maiden Name Elizabeth Shingleff Mother's Birthplace Balt. Md.Name of person giving information Alice Wilson How related to deceased Sister

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 2-3 mos

Immediate

Are the name, age, sex, color, date and place correctly given above? As far as I knowSignature of Physician Henry RussellAddress West Arlington
(Greenland Ave.) Md.

Accident or Suicide?

Henry H. Hears & Son
Grind Ridge Cemetery

Name
in
Full

Abraham Wisner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

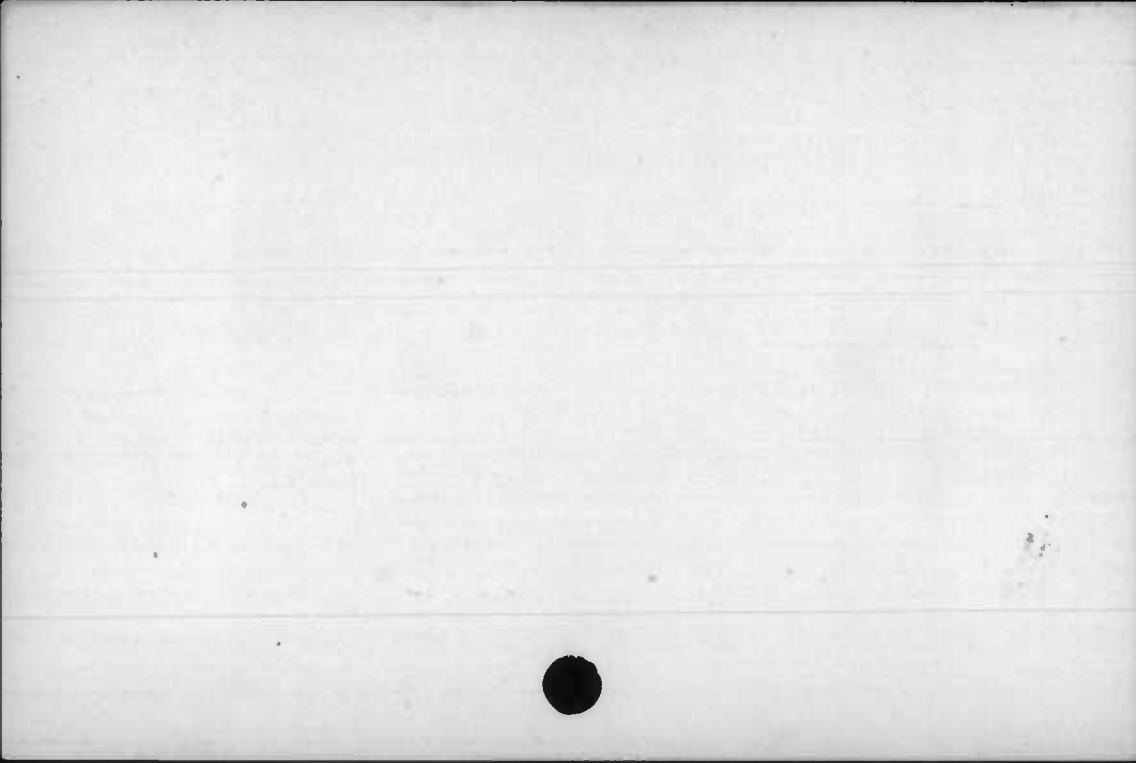
Died at <i>Not Carmel</i>		Town <i>Not Carmel</i>		County <i>Not Carmel</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>87</i>	Years <i>87</i>	Months <i>7</i>	Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birthplace <i>Not Carmel</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Caroline Luck</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John Wisner</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Lung Complication, Old age</i>	How long	<i>3 years</i>
Immediate		How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B F Price M.D.</i>	
		Address <i>Not Carmel</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis L Wood
Town County
Died at Govanistown Balto
Date of death 1909 Aug 10 — Age 37 Months 3 Days
Sex Male Color or Race White Birth-place Balto
Occupation Iron worker Where Residing if not at place of death Govanistown
Married, Single or Widowed Married Name of Wife or Husband Lizzie Wood
Father's Name Francis Wood Father's Birthplace NY
Mother's Maiden Name Sarah Cross Mother's Birthplace MD
Name of person giving Information Sherman Wood How related to deceased Brother

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary Stroke How long 2 mo.
Immediate Cerebral thrombosis How long a few minutes
Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician E. J. Sheppard
Address Sta. G. Baltimore
Accident or Suicide No.

William Cook

Undertaker
502 E. North ave

M. Bliver Cem
aug 12. 1909.

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth L. Woodgren

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>20</i>	Years <i>21</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md Balto</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William E. Woodgren</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Rose Blanche Shepard</i>			Mother's Birthplace <i>Balto Md</i>		
Name of person giving information <i>Tom Clinch Her son</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Labor</i>	How long <i>10 day</i>
Immediate <i>See Edema</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John F. Gundry MD</i>
	Address <i>Catonville, Md</i>
Accident or Suicide?	

Interment

Greenmount Cemetery

Baltimore Md

Stewart & Mowen Co.

215 Park ave

Baltimore Md.

Name in Full		Charles Wooldridge				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown		County Baltimore		MARYLAND
	Date of death	1909	Month Aug.	Day 5	Age	Years 33	Months 8 Days 18
	Sex	Male		Color or Race	White		Birth- place England
	Occupation	Iron worker			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Phoebe Wooldridge		
	Father's Name	Unknown				Father's Birthplace	England
	Mother's Name	Unknown				Mother's Birthplace	England
	Name of person giving In formation	Mabel Petellato				How related to deceased	Daughter
<div>CAUSES OF DEATH</div> <div>69</div>							
PHYSICIAN OR CORONER	Primary	Epilepsy & Dementia				How long	3 years.
	Immediate	Hiccoughs				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Dr. J. A. Slantz	
					Address	3241 Eastern Ave.	
	Accident or Suicide?						

Mt Carmel Camp
Harden Sons
Aug. 5, 1904

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

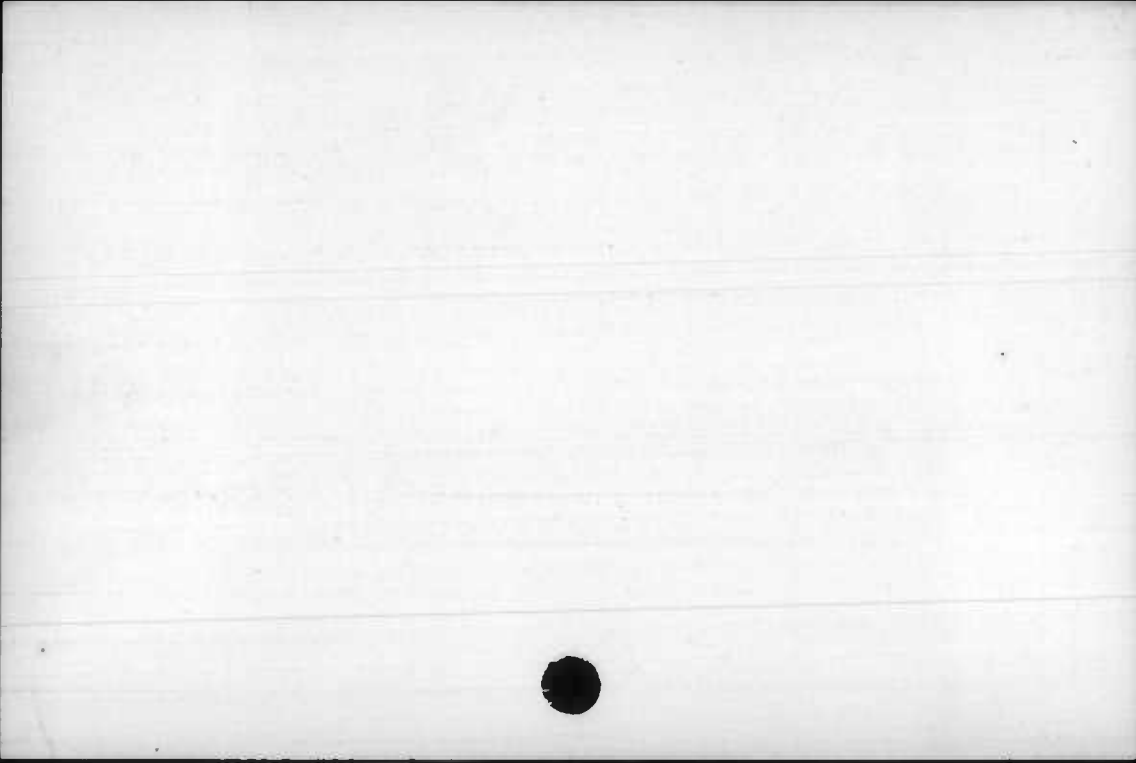
Died at		Town <i>Baltimore</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1909	Month <i>Aug.</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Hall Worthington</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>W. K. K. K.</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs. Worthington</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Placenta</i>	How long <i>2 weeks</i>
Immediate <i>"</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. K. J. M. D.</i>
	Address <i>M. Wilson M. D.</i>
Accident or Suicide?	



Name
in
Full

Charles Thomas Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Washington</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909 Aug 25</i>		Month <i>Aug</i>		Day <i>25</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Mt. Washington</i>		Months <i>-</i>	
Occupation <i>Child</i>		Where Residing if not at place of death		Days <i>20</i>			
Married, Single or Widowed		Name of Wife or Husband		Father's Name <i>Richard G. Wright</i>		Father's Birthplace <i>Balt. Md.</i>	
Mother's Maiden Name <i>Adelaide M. Childs</i>		Mother's Birthplace <i>Washington, D.C.</i>		Name of person giving Information <i>" "</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

Primary <i>Pertussis</i>	How long <i>4 weeks -</i>
Immediate <i>Bronchitis</i>	How long <i>10 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Josiah S. Bowen</i>
Accident or Suicide	Address <i>Mt. Washington, Balt. Co. Md. U.S.A.</i>

PHYSICIAN
OR CORONER

Horace Burger
3631 Falls Road.

Baltimore Cemetery

Name
in
Full

William Percival Wyse Jr

CERTIFICATE OF DEATH

Died at

Pikesville

Town

Baltimore

County

MARYLAND

Date

of death

1909

Month

8

Day

22

Age

Years

3

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pikesville Md

Occupation

Where Residing if not
at place of death

Pikesville Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

W. P. E. Wyse

Father's
Birthplace

Pikesville

Mother's
Maiden Name

Winifred Beckham

Mother's
Birthplace

Kentucky

Name of person giving
Information

W. P. E. Wyse

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis

How long

about 5 days

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

W. P. E. Wyse
Pikesville Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

C. D. Kraft
Druid Ridge


Name
in
Full

CERTIFICATE OF DEATH

Ruth A. Gang.

Town

County

MARYLAND

Died at St Helena

Balto.

Date of death 1909 Aug.

Month

Day

26th

Age

Years

Months

11

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing if not
place of death

St Helena Balto. Co.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John W. Gang.

Father's
Birthplace

Pa.

Mother's
Maiden Name

Bertha M. Forsyth.

Mother's
Birthplace

Balto. Co.

Name of person giving
Information

John W. Gang.

How related
to deceased

CAUSES OF DEATH

Primary

Acute Meningitis!

How long

2 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

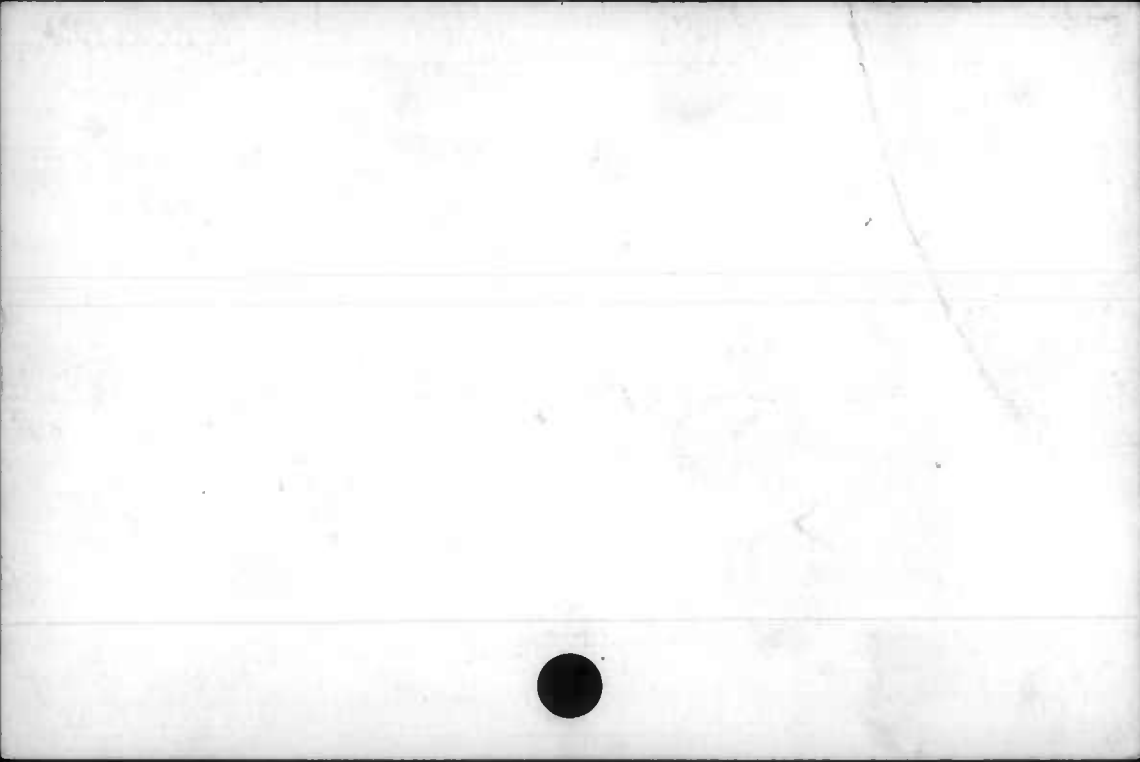
Signature of
Physician

Address

G. L. McCormick M.D.
Spanners Point
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bertha Ziehm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monrell Park</i>		Town <i>Monrell Park</i>		County <i>Balto</i>		MARYLAND					
Date of death <i>1909</i>		Month <i>aug</i>		Day <i>21</i>		Age <i>52</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>							
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>7 Ziehm</i>									
Father's Name <i>Walter Ziehm</i>		Father's Birthplace <i>Germany</i>									
Mother's Maiden Name <i>Elizabeth Buchholz</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving information <i>7 Ziehm</i>		How related to deceased <i>husband</i>									

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Obstruction of Intestines</i>	How long <i>8 days</i>
Immediate <i>Cardiac asthma</i>	How long <i>248 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>Geo. S. M. Keffer</i>	
Address <i>Monrell Park</i>	
<i>Halethorp Md</i>	
Accident or Suicide?	

Chas. W. Hill -
London PK